

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094010

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: PROCARE PHARMACY CARE, LLC

**Current Principal Place of Business:**

3891 COMMERCE PARKWAY  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

3891 COMMERCE PARKWAY  
MIRAMAR, FL 33025

**New Mailing Address:**

FEI Number: 57-1176550

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DRUCKER, STEVEN  
3891 COMMERCE PARKWAY  
MIRAMAR, FL 33025 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: BURGESS, ROGER D  
Address: 3891 COMMERCE PARKWAY  
City-St-Zip: MIRAMAR, FL 33025

Title: CFO ( ) Delete  
Name: WATSON, BARBARA  
Address: 3090 PREMIERE PKWY SUITE 100  
City-St-Zip: DULUTH, GA 30097

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BARBARA WATSON

CFO

04/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date