

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000094010

**FILED**  
**Apr 27, 2010**  
**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:** 90-0204713

**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  
**Name:** BURGESS, ROGER D  
**Address:** 3891 COMMERCE PARKWAY  
**City-St-Zip:** MIRAMAR, FL 33025

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

**Title:** SEC  
**Name:** BURGESS, BARBARA  
**Address:** 3891 COMMERCE PKWY  
**City-St-Zip:** MIRAMAR, FL 33025

I hereby 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 S. WATSON

CFO

04/27/2010

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