

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000094010

**FILED**  
**May 20, 2011**  
**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:**

WATSON, BARBARA  
3891 COMMERCE PARKWAY  
MIRAMAR, FL 33025 US

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:** BARBARA WATSON

05/20/2011

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 WATSON

CFO

05/20/2011

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