2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L05000040157

Entity Name: FLORIDA PHYSICIANS PHARMACY LLC

Current Principal Place of Business:

1950 LEE ROAD, SUITE 209
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1950 LEE ROAD, SUITE 209
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AM&E SERVICES LLC
605 EAST ROBINSON STREET, SUITE 730
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

KIRWAN, ADAM O
4700 MILLENIA BLVD
SUITE 175
ORLANDO, FL 32839 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: ADAM O. KIRWAN 04/28/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: HEALTH CARE SERVICES, , INC.
Address: 255 CITRUS TOWER BLVD., SUITE 100
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the 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: DARRELL BENGE CFO 04/28/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date