# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 30, 2008**
**Secretary of State**

DOCUMENT# L05000040157

**Entity Name:** FLORIDA PHYSICIANS PHARMACY LLC

**Current Principal Place of Business:**

483 N. SEMORAN BLVD
SUITE 204
WINTER PARK, FL 32792

**New Principal Place of Business:**

483 N. SEMORAN BLVD
SUITE 205
WINTER PARK, FL 32792

**Current Mailing Address:**

483 N. SEMORAN BLVD.
SUITE 204
WINTER PARK, FL 32792

**New Mailing Address:**

483 N. SEMORAN BLVD.
SUITE 205
WINTER PARK, FL 32792

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

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

KIRWAN, ADAM O
4700 MILLENIA BLVD
SUITE 175
ORLANDO, FL 32839 US

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

KIRWAN, ADAM O
390 N. ORANGE AVE
SUITE 2300
ORLANDO, FL 32801 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: 04/30/2008
Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: HEALTH CARE SERVICES, , INC.
Address: 483 N. SEMORAN BLVD., SUITE 204
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: HEALTH CARE SERVICES, , INC.
Address: 483 N. SEMORAN BLVD., SUITE 205
City-St-Zip: WINTER PARK, FL 32792

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: DARRELL BENGE CFO 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date