

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 11, 2006
Secretary of State**

DOCUMENT# L05000077765

Entity Name: SPECIALTY PRESCRIPTIONS OF FLORIDA LLC

Current Principal Place of Business:

1009 NORTH CHURCH
MULBERRY, FL 33860 US

New Principal Place of Business:

1011 NORTH CHURCH
MULBERRY, FL 33860 US

Current Mailing Address:

1009 NORTH CHURCH
MULBERRY, FL 33860 US

New Mailing Address:

1011 NORTH CHURCH
PO BOX 767
MULBERRY, FL 33860 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SLAUGHTER, JEROLD
6620 LAKE CLARK DR.
LAKELAND, FL 33813 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: JEROLD T SLAUGHTER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SLAUGHTER, JEROLD
Address: 6620 LAKE CLARK DR.
City-St-Zip: LAKELAND, FL 33813 US

Title: MGRM () Delete
Name: SLAUGHTER, THOMAS
Address: 5809 WINDWOOD DR
City-St-Zip: LAKELAND, FL 33813 US

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 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: JEROLT T SLAUGHTER

MGRM

10/11/2006

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