2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/4

FILED
May 20, 2004 8:00 am
Secretary of State
05-04-2004 90019 018 ****50.00

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DOCUMENT # M03000002622

1. Entity Name
TOTAL DRUG CARE, L.L.C.

Principal Place of Business	Mailing Address
2536 COUNTRYSIDE BLVD. 6TH FLOOR CLEARWATER, FL 33763	2536 COUNTRYSIDE BLVD. 6TH FLOOR CLEARWATER, FL 33763

04152004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0073919 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHATANOFF, ROBERT H 2536 COUNTRYSIDE BLVD. 6TH FLOOR CLEARWATER, FL 33763	Name HEATHER NORTH. Street Address (P.O. Box Number is Not Acceptable) 2536 COUNTRYSIDE BLVD 6TH FL. City CLEARWATER. FL Zip Code 33763

8. 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. I am familiar with, and accept the obligations of registered

SIGNATURE [signature] HEATHER NORTH. APR 21 2004
Signature (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SHATANOFF, ROBERT H 2536 COUNTRYSIDE BLVD. 6TH FLOOR CLEARWATER, FL 33763	☒ Delete	MGRM TIMOTHY NORTH. 2536 COUNTRYSIDE BLVD 6TH FL. CLEARWATER FL 33763	☐ Change ☒ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] TIMOTHY NORTH. APR 21 2004 727-726-0726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #