

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000004101

**Entity Name:** CARDINAL HEALTH PTS, LLC

**FILED**  
**May 02, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

7000 CARDINAL PLACE  
DUBLIN, OH 43017

**New Principal Place of Business:**

17 SCHOOLHOUSE ROAD  
SOMERSET, NJ 08873

**Current Mailing Address:**

7000 CARDINAL PLACE  
DUBLIN, OH 43017

**New Mailing Address:**

17 SCHOOLHOUSE ROAD  
SOMERSET, NJ 08873

**FEI Number:** 13-4268760      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CARDINAL HEALTH 409,, INC.  
Address: 7000 CARDINAL PLACE  
City-St-Zip: DUBLIN, OH 43017

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: CARDINAL HEALTH 409,, INC.  
Address: 17 SCHOOLHOUSE ROAD  
City-St-Zip: SOMERSET, NJ 08873

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: FRANCES HATTAUER

MGRM

05/02/2007

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