

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
98 APR -3 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # M96000000172**  
  
CENTRAL SOURCE PHARMACY SERVICES, LLC  
1819 PEACHTREE ROAD, N.E., SUITE 609  
ATLANTA GA 30309  
  
*98-AB CM*

1a. Principal Place of Business Address  
  
1819 PEACHTREE ROAD, N.E., S  
ATLANTA GA 30309

|                                |         |                     |         |                                |   |
|--------------------------------|---------|---------------------|---------|--------------------------------|---|
| 2. Principal Place of Business |         | 2a. Mailing Address |         | 3. Date Organized or Qualified | 3a. State of Formation  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 05/17/1996                     | GA  |
| City & State                   |         | City & State        |         | 4. FEI Number                  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| Zip                            | Country | Zip                 | Country | 5. Date of Last Report         | 6. Certificate of Status Desired  |
|                                |         |                     |         | 05/08/1997                     | \$8.75 Additional Fee Required <input type="checkbox"/>                         |

7. Name and Address of Current Registered Agent  
  
THE PRENTICE-HALL CORPORATION SYSTEM,  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent/Office  
  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc. 700002482557-5  
-04/08/98--01061--006  
City \*\*\*188.08 \*\*\*188.75  
**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address    | City, State and Zip Code |
|-----------|---------------------------|----------------------------|--------------------------|
| MGRM      | CENTRAL PHARMACY SERVI    | 1819 PEACHTREE ROAD, N.E., | ATLANTA GA               |
| MGRM      | GEODAX TECHNOLOGY, INC    | 309-G S. WESTGATE DRIVE    | GREENSBORO NC            |

14. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date 3-31-98 Daytime Phone #