

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A97000001121

**FILED**  
**Apr 23, 2008**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE PHARMACY SERVICES, LTD.

**Current Principal Place of Business:**

10401 NW 53RD STREET  
SUNRISE, FL 33351

**New Principal Place of Business:**

5310 NW 33 AVENUE #211  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

5310 N.W. 33RD AVENUE, SUITE 211  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 65-0756326

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

WEISMAN, ANDREW S  
5310 NW 33 AVENUE #211  
FORT LAUDERDALE, FL 33309 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: ANDREW S. WEISMAN

04/23/2008

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: G03810  
Name: HBA MANAGEMENT, INC.  
Address: 5310 N.W. 33RD AVENUE, SUITE 211  
City-St-Zip: FT. LAUDERDALE, FL 33309

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: ANDREW S. WEISMAN FOR HBA MANAGEMENT INC

GP

04/23/2008

Electronic Signature of Signing General Partner

Date