

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006558

FILED
Mar 23, 2004
Secretary of State

Entity Name: ASSISTED LIVING PHARMACY ASSOCIATION, L.L.C.

Current Principal Place of Business:

1675 N COMMERCE PARKWAY
FORT LAUDERDALE, FL 33326

New Principal Place of Business:

915 MIDDLE RIVER DRIVE
SUITE # 313
FORT LAUDERDALE, FL 33304

Current Mailing Address:

1675 NORTH COMMERCE PARKWAY
WESTON, FL 33326

New Mailing Address:

915 MIDDLE RIVER DRIVE
SUITE #313
FT LAUDERDALE, FL 33304

FEI Number: 65-1021772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSSMAN, JAY D
1675 N COMMERCE PARKWAY
WESTON, FL 33326 US

Name and Address of New Registered Agent:

SMITH, BRIAN T
915 MIDDLE RIVER DRIVE
SUITE #313
FT LAUDERDALE, FL 33304 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: BRIAN T SMITH

03/23/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: KUSHER, ROBERT
Address: 1675 N COMMERCE PARKWAY
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SMITH, BRIAN T
Address: 915 MIDDLE RIVER DRIVE
City-St-Zip: FT LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRIAN T SMITH

MGR

03/23/2004

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