

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90282 049 ****50.00

DOCUMENT # L01000001487

1. Entity Name
HEALTHLINE PHARMACY, L.L.C.



Principal Place of Business
**1125 NORTH SUMMIT STREET
CRESCENT CITY, FL 32112**

Mailing Address
**1125 NORTH SUMMIT STREET
CRESCENT CITY, FL 32112**

24041252



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
59-3707767

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CLARK, MARILYN
1125 NORTH SUMMIT STREET
CRESCENT CITY, FL 32112**

Name **WILLIAM E. BUTLER**

Street Address (P.O. Box Number is Not Acceptable)

1125 N. SUMMIT ST

City **CRESCENT CITY**

FL

Zip Code
32112

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 agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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 **MGRV** ☒ Delete
NAME **MARILYN, CLARK**
STREET ADDRESS **1125 N. SUMMIT ST**
CITY-ST-ZIP **CRESCENT CITY, FL 32112**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **JOHN, SIMKINS**
STREET ADDRESS **101 S. MAIN ST**
CITY-ST-ZIP **SOMERSET, KY 42501**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRV** ☐ Delete
NAME **DEWAYNE, ANDREWS**
STREET ADDRESS **4084 REGENT DR**
CITY-ST-ZIP **WICHITA FALLS, TX 76308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **FRANK, SICURO**
STREET ADDRESS **8204 N. LAMAR STE B-11**
CITY-ST-ZIP **AUSTIN, TX 75753**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **WILLIAM, BUTLER E**
STREET ADDRESS **1125 N. SUMMIT ST**
CITY-ST-ZIP **CRESCENT CITY, FL 32112**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
NAME **JENNIFER GROVE**
STREET ADDRESS **102 W. MAIN ST.**
CITY-ST-ZIP **WARSAW, KY 40395**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

WILLIAM E. BUTLER

4/12/04

(386) 698-3737