

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**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**



04112006No Chg-LLC

CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3707767**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BUTLER, WILLIAM E  
1125 N. SUMMIT ST  
CRESCENT CITY, FL 32112**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

**U00000548863  
05/12/06-80079-019 55.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P
NAME	GROVE, JENNIFER
STREET ADDRESS	102 W. MAIN ST.
CITY-ST-ZIP	WARSAW, KY 41095
TITLE	MGRV
NAME	DEWAYNE, ANDREWS
STREET ADDRESS	4084 REGENT DR
CITY-ST-ZIP	WICHITA FALLS, TX 76308
TITLE	MGR
NAME	FRANK, SICURO
STREET ADDRESS	8204 N. LAMAR STE B-11
CITY-ST-ZIP	AUSTIN, TX 75753
TITLE	MGRS
NAME	WILLIAM, BUTLER E
STREET ADDRESS	1125 N. SUMMIT ST
CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 603, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #

*William E. Butler* **WILLIAM E. BUTLER** **4/24/06** **(386) 698-3737**