

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 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



04132007 No Chg-LLC

CR2E083 (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, 2007**

U000000730252
05/08/07-80072-020 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 608, Florida Statutes.

SIGNATURE:

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

4/23/07

Date

(386) 698-3737

Daytime Phone #