

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013484

FILED
Jan 22, 2009
Secretary of State

Entity Name: SENIOR CARE PHARMACY OF FLORIDA, LLC

Current Principal Place of Business:

931 FAIRFAX PARK
TUSCALOOSA, AL 35406

New Principal Place of Business:

5309 GREAT OAK DRIVE
LAKELAND, FL 33815

Current Mailing Address:

931 FAIRFAX PARK
TUSCALOOSA, AL 35406

New Mailing Address:

FEI Number: 27-0016605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: ESTES, NORMAN
Address: 931 FAIR FAX PARK
City-St-Zip: TUSCALOOSA, AL 35406

Title: D () Delete
Name: SHIPP, LYNN W
Address: 931 FAIR FAX PARK
City-St-Zip: TUSCALOOSA, AL 35406

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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 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: KENDRA CAIRNS

BOM

01/22/2009

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