

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000017570

FILED
Oct 19, 2004
Secretary of State

Entity Name: HCI SPECIALTY PHARMACY, LLC

Current Principal Place of Business:

255 ALHAMBRA CIRCLE, SUITE 900
CORAL GABLES, FL 331347400

New Principal Place of Business:

Current Mailing Address:

255 ALHAMBRA CIRCLE, SUITE 900
CORAL GABLES, FL 331347400

New Mailing Address:

FEI Number: 38-3654696 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MACIA, EVELYN
255 AHLAMBRA CIRCLE, SUITE 900
CORAL GABLES, FL 331347400 US

Name and Address of New Registered Agent:

EDELSON, JAY
255 AHLAMBRA CIRCLE, SUITE 900
CORAL GABLES, FL 331347400 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: JAY E. EDELSON

10/19/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SHIKARY, WALTER R
Address: 255 ALHAMBRA CIRCLE STE 900
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES:

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

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: WALTER SHIKANY JR.

MBR.

10/19/2004

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