2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

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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 ( )**

Name and Address of Current Registered Agent:

EDELSON, JAY
255 AHLAMBRA CIRCLE, SUITE 900
CORAL GABLES, FL 331347400 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/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 R. SHIKANY, JR. MGR 01/11/2005

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