
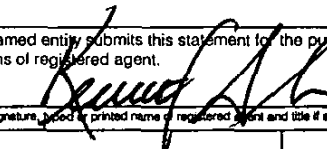
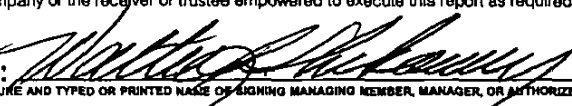


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90417 002 ****50.00

DOCUMENT # L02000017570 1. Entity Name HCI SPECIALTY PHARMACY, LLC					
Principal Place of Business 255 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134-7400			Mailing Address 255 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134-7400		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 38-3654696 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent EDELSON, JAY 255 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES, FL 33134-7400	
7. Name and Address of New Registered Agent Name KEN SOUSA Street Address (P.O. Box Number is Not Acceptable) 255 ALHAMBRA CIRCLE SUITE 900 City CORAL GABLES FL Zip Code 33134				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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: 1/04/2006	
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHIKARY, WALTER R 255 ALHAMBRA CIRCLE STE 900 MIAMI, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: 305-662-2888 <small>Daytime Phone #</small>	

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