

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017570

Entity Name: HCI SPECIALTY PHARMACY, LLC

FILED
Jul 08, 2008
Secretary of State

Current Principal Place of Business:

255 ALHAMBRA CIRCLE, SUITE 900
CORAL GABLES, FL 331347400

New Principal Place of Business:

8320 NW 30TH TERRACE
DORAL, FL 33122

Current Mailing Address:

255 ALHAMBRA CIRCLE, SUITE 900
CORAL GABLES, FL 331347400

New Mailing Address:

8320 NW 30TH TERRACE
DORAL, FL 33122

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:

SOUSA, KEN
255 AHLAMBRA CIRCLE, SUITE 900
CORAL GABLES, FL 331347400 US

Name and Address of New Registered Agent:

SOUSA, KEN
8320 NW 30TH TERRACE
DORAL, FL 33122 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:

07/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHIKARY, WALTER R
Address: 8320 NW 30TH TERRACE
City-St-Zip: DORAL, FL 33122

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: KEN SOUSA

RA

07/08/2008

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