400038225054
06/29/044 01006 013 $55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
FILED 04 JUN 29 AM 11:13
JUN 29 AM SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000022066

1. Entity Name
TOTAL PHARMACY SERVICES OF FLORIDA LLC

Principal Place of Business	Mailing Address
4949 S.W. 74TH COURT MIAMI, FL 33155	4949 S.W. 74TH COURT MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

08282004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
30-0130145
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MACK, THEODORE E ESQ.
C/O POWELL & MACK
803 N. CALHOUN STREET
TALLAHASSEE, FL 32303

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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.

400038225054

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and date signature. (NOTE: Registered Agent signature required - FAX not acceptable)

Filing Fee is $55.00
Due by September 3, 2004

06/29/04--01006--013 **55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	DACY, TIMOTHY
STREET ADDRESS	1180 EVERGREEN DRIVE
CITY-ST-ZIP	LAKE FOREST, IL 60045
TITLE	MGRM
NAME	PALGR, BRUCE
STREET ADDRESS	2311 PLUM TREE COURT
CITY-ST-ZIP	MEQUON, WI 53092
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 6/28/04 414-665-6799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #