

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000029889

**FILED**  
**Jul 05, 2004**  
**Secretary of State**

**Entity Name:** TOTAL PHARMACY NETWORK, LLC

**Current Principal Place of Business:**

4949 S.W. 74TH COURT  
MIAMI, FL 33155

**New Principal Place of Business:**

4957 SW 74 COURT  
MIAMI, FL 33155

**Current Mailing Address:**

P.O. BOX 558728  
MIAMI, FL 33255

**New Mailing Address:**

4957 SW 74 COURT  
MIAMI, FL 33155

**FEI Number:** 30-0130146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DELGADO, GABRIEL A  
4949 S.W. 74TH COURT  
MIAMI, FL 33155

**Name and Address of New Registered Agent:**

DELGADO, GABRIEL A  
4957 S.W. 74TH COURT  
MIAMI, FL 33155

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:

07/05/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DELGADO, GABRIEL A  
Address: 8235 S.W. 92ND STREET  
City-St-Zip: MIAMI, FL 33156

**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: GABRIEL A. DELGADO

MG

07/05/2004

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