

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90582 041 ****55.00

DOCUMENT # L02000032529

1. Entity Name

HOME PHARMACY SOLUTIONS, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1125 N. SUMMIT ST

Suite, Apt. #, etc.

3. Mailing Address

1125 N. SUMMIT ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CRESCENT CITY, FL

City & State

CRESCENT CITY FL

4. FEI Number

32-0046874

Applied For

Not Applicable

Zip

32112

Country

USA

Zip

32112

Country

USA

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM E. BUTLER

Street Address (P.O. Box Number is Not Acceptable)---

1125 N. SUMMIT ST

City

CRESCENT CITY

FL

Zip Code

32112

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WILLIAM E. BUTLER
1125 N. SUMMIT ST
CRESCENT CITY, FL 32112

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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:

William E. Butler

WILLIAM E. BUTLER

4/29/03

(386) 698-3737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)