

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026361

FILED  
Feb 12, 2004  
Secretary of State

Entity Name: MEDICAL CENTER PHARMACY OF PINELLAS, LLC

## Current Principal Place of Business:

2993 ELYSIUM WAY  
CLEARWATER, FL 33759

## New Principal Place of Business:

1840 MEASE DRIVE  
SUITE 107  
SAFETY HARBOR, FL 34695

## Current Mailing Address:

2993 ELYSIUM WAY  
CLEARWATER, FL 33759

## New Mailing Address:

1840 MEASE DRIVE  
SUITE 107  
SAFETY HARBOR, FL 34695

FEI Number: 20-0259957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANNION, ELIZABETH R ESQ.  
BAXTER, STROHAUER, MANNION & SILBERMANN, P  
1150 CLEVELAND STREET, STE. 300  
CLEARWATER, FL 33755 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: HARMS, KERRY D  
Address: 2993 ELYSIUM WAY  
City-St-Zip: CLEARWATER, FL 33759

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: HARMS, RHONDA B  
Address: 2993 ELYSIUM WAY  
City-St-Zip: CLEARWATER, FL 33759

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: RHONDA B HARMS

MGR

02/12/2004

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