

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026361

FILED  
Apr 17, 2007  
Secretary of State

**Entity Name:** MEDICAL CENTER PHARMACY OF PINELLAS, LLC

**Current Principal Place of Business:**

1840 MEASE DRIVE  
SUITE 107  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

1840 MEASE DRIVE  
SUITE 107  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

**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/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

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

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 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: RHONDA B HARMS

MGR

04/17/2007

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