

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026361

FILED
Apr 13, 2009
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 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

04/13/2009

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