

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000033611

**FILED**  
**Apr 30, 2004**  
**Secretary of State**

**Entity Name:** INTEGRATED PHARMACY STRATEGIES, LLC

**Current Principal Place of Business:**

2406 BLOSSOM WOOD DRIVE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

2406 BLOSSOM WOOD DRIVE  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 80-0077058

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SONNENSCHN, MICHAEL D  
C/O STEIN, SONNENSCHN, ET AL  
1420 ALAFAYA TRAIL, SUITE 101  
OVIEDO, FL 32765 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:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

**Title:** MGR ( ) Change (X) Addition  
**Name:** HAGEL, HARRY P  
**Address:** 2406 BLOSSOMWOOD DRIVE  
**City-St-Zip:** OVIEDO, FL 32765

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:** HARRY P. HAGEL

MGR

04/30/2004

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