

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036400

FILED
Jul 10, 2004
Secretary of State

Entity Name: AMERICAN PRESCRIPTION PROVIDERS, LLC

Current Principal Place of Business:

501 GULF SHORE DR. #11
DESTIN, FL 32541

New Principal Place of Business:

501 GULF SHORE DR.
#11
DESTIN, FL 32541

Current Mailing Address:

137 BATRE LANE
MOBILE, FL 36608 US

New Mailing Address:

501 GULF SHORE DR.
#11
DESTIN, FL 32541 US

FEI Number: 20-0247423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBSTER, WILLIAM C
214 SNUG HARBOR ROAD
SHALIMAR, FL 32578 US

Name and Address of New Registered Agent:

PICKETT, TAYLOR K M.D.
501 GULF SHORE DR. #11
DESTIN, FL 32541 US

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: TAYLOR K. PICKETT, M.D.

07/10/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PICKETT, TAYLOR K
Address: 137 BATRE LANE
City-St-Zip: MOBILE, AL 36608

Title: MGRM (X) Delete
Name: WEBSTER, WILLIAM C
Address: 214 SNUG HARBOR ROAD
City-St-Zip: SHALIMAR, FL 32578

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PICKETT, TAYLOR K
Address: 501 GULF SHORE DR.
City-St-Zip: DESTIN, FL 32541 US

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 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: TAYLOR K. PICKETT

MGRM

07/10/2004

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