

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001885

FILED
Jul 25, 2006
Secretary of State

Entity Name: MEDISERV PHARMACY SERVICES LLC

Current Principal Place of Business:

5736 CLARK RD
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5736 CLARK RD
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 20-0889580 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WAGNER, E. JOHN II
200 S ORANGE AVE
SARASOTA, FL 34236 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DAVIDSON, ROBERT P
Address: 1586 EASTBROOK DR
City-St-Zip: SARASOTA, FL 34231

Title: MGRM () Delete
Name: DAVIDSON, RICHARD
Address: 1222 POINT CRISP
City-St-Zip: SARASOTA, FL 34242

Title: MGRM () Delete
Name: HOLLINGSWORTH, CRAIG
Address: 7610 COVE TERR
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES:

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

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: CRAIG HOLLINGSWORTH

MGRM

07/25/2006

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