2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2007
Secretary of State

DOCUMENT# L04000001885

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:

WAGNER, E. JOHN II
200 S ORANGE AVE
SARASOTA, FL 34236 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: 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 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 COO 07/09/2007

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