

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000001885

FILED  
Jan 14, 2008  
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 ( )

**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 A. HOLLINGSWORTH

COO

01/14/2008

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