


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90022 025 ****50.00

DOCUMENT # L04000027917	
1. Entity Name INTEGRITY PHARMACY SERVICES, LLC	

Principal Place of Business 100 SECOND AVENUE SOUTH SUITE 901S ST. PETERSBURG, FL 33701 US	Mailing Address 100 SECOND AVENUE SOUTH SUITE 901S ST. PETERSBURG, FL 33701 US
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2. Principal Place of Business - No P.O. Box # 2100 Tall Pines Drive	3. Mailing Address 2100 Tall Pines Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Largo, FL	City & State Largo, FL
Zip 33741	Country US



01182007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent SPECTOR GADON & ROSEN, LLP 360 CENTRAL AVENUE SUITE 1550 ST. PETERSBURG, FL 33701	
7. Name and Address of New Registered Agent Name: Spector Gadon & Rosen LLP Street Address (P.O. Box Number is Not Acceptable): 360 Central Avenue Suite: 1550 City: St. Petersburg FL Zip Code: 33701	

4. FEI Number 20-0988322	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ECHARD, BRIAN 100 2ND AVE SE STE 901S SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mGRM Echard, Brian 2100 Tall Pines Drive Largo, FL 33741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  BRIAN ECHARD	Date: 4/18/07	Daytime Phone #: 727-539-1274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		