

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000038809

**FILED**  
**May 06, 2010**  
**Secretary of State**

**Entity Name:** DAP PHARMACY MANAGEMENT & CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

9858 INDIAN KEY TRAIL  
SEMINOLE, FL 33776

**New Principal Place of Business:**

1961 ARVIS CIRCLE E  
CLEARWATER, FL 33764

**Current Mailing Address:**

9858 INDIAN KEY TRAIL  
SEMINOLE, FL 33776

**New Mailing Address:**

1961 ARVIS CIRCLE E  
CLEARWATER, FL 33764

**FEI Number:** 20-1175681      **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:**

PEDALINO, DEAN  
9858 INDIAN KEY TRAIL  
SEMINOLE, FL 33776      US

**Name and Address of New Registered Agent:**

PEDALINO, DEAN  
1961 ARVIS CIRCLE E  
CLEARWATER, FL 33764      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

05/06/2010

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PRES  
**Name:** PEDALINO, DEAN  
**Address:** 1961 ARVIS CIRCLE E  
**City-St-Zip:** CLEARWATER, FL 33764

I hereby 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: DEAN PEDALINO

PRES

05/06/2010

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