

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000048142 1. Entity Name PRIORITY PHARMACY SERVICES, LLC					
Principal Place of Business 19030 WEST COPANS ROAD POMPANO BEACH FL 33064 US			Mailing Address 19030 WEST COPANS ROAD POMPANO BEACH FL 33064 US		
2. Principal Place of Business Suite, Apt. #, etc. _____			3. Mailing Address Suite, Apt. #, etc. _____		
City & State _____			City & State _____		
Zip _____ Country _____		Zip _____ Country _____		4. FEI Number 73-1709173 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicant </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/05)	
6. Name and Address of Current Registered Agent ERBLAT, MARK 1903 WEST COPANS ROAD POMPANO BEACH FL 33064				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEFFELER, MARK G 8939 F STREET OMAHA NE 68127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **mark G. Keffeler, Manager** **3/29/06 (402) 592**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **3/29/06** Daytime Phone # **(402) 592**