2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# L04000075954

Entity Name: NORTH FLORIDA PHYSICIAN DISPENSING, LLC

Current Principal Place of Business:

565 FRANK SHAW ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

565 FRANK SHAW ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DRAPER, LONNIE MD
565 FRANK SHAW ROAD
TALLAHASSEE, FL 32312 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/MEMBERS:

Title: MGR ( ) Delete
Name: DRAPER, LONNIE MD
Address: 565 FRANK SHAW ROAD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LONNIE DRAPER MGR 04/27/2005

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