

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075954

FILED
May 01, 2007
Secretary of State

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 ()** **FEI Number Not Applicable (X)** **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:

Name and Address of New Registered Agent:

DRAPER, LONNIE MD
565 FRANK SHAW ROAD
TALLAHASSEE, FL 32312 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

Date

MANAGING MEMBERS/MANAGERS:

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 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: LONNIE DRAPER

PRES

05/01/2007

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