

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093825

FILED
Apr 14, 2006
Secretary of State

Entity Name: SHARED PHARMACY SERVICES, LLC

Current Principal Place of Business:

2426 VISCOUNT ROW
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

264 VISTA OAK DRIVE
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 33-1107739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERKINS, HAVEN M JR.
264 VISTA OAK DRIVE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

PERKINS, HAVEN M
264 VISTA OAK DRIVE
LONGWOOD, FL 32779 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: HAVEN M PERKINS

04/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PERKINS, HAVEN M JR.
Address: 264 VISTA OAK DRIVE
City-St-Zip: LONGWOOD, FL 32779 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PERKINS, HAVEN M
Address: 264 VISTA OAK DRIVE
City-St-Zip: LONGWOOD, FL 32779 US

I hereby certify that the information supplied with this filing does not qualify for the 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: HAVEN M PERKINS

MGR

04/14/2006

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