

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018620

FILED
Feb 14, 2006
Secretary of State

Entity Name: REST ASSURED PHARMACY & HOME CARE ASSOCIATION, LLC

Current Principal Place of Business:

1350 22ND STREET SOUTH
ST. PETERSBURG, FL 33712 US

New Principal Place of Business:

Current Mailing Address:

1350 22ND STREET SOUTH
ST. PETERSBURG, FL 33712 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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/MANAGERS:

Title: MGR () Delete
Name: JACKSON, DENISE
Address: 1350 22ND STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: MGR () Delete
Name: HILL, RICHARD
Address: 1350 22ND STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: MGR () Delete
Name: MERCER, APRYL
Address: 12009 STONE CROSSING CIRCLE
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES:

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

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

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 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: DENISE JACKSON

MRG

02/14/2006

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