

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040157

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** FLORIDA PHYSICIANS PHARMACY LLC

**Current Principal Place of Business:**

1950 LEE ROAD, SUITE 209  
WINTER PARK, FL 32789

**New Principal Place of Business:**

483 N. SEMORAN BLVD  
SUITE 204  
WINTER PARK, FL 32792

**Current Mailing Address:**

1950 LEE ROAD, SUITE 209  
WINTER PARK, FL 32789

**New Mailing Address:**

483 N. SEMORAN BLVD.  
SUITE 204  
WINTER PARK, FL 32792

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

**Name and Address of Current Registered Agent:**

KIRWAN, ADAM O  
4700 MILLENIA BLVD  
SUITE 175  
ORLANDO, FL 32839 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: HEALTH CARE SERVICES, , INC.  
Address: 255 CITRUS TOWER BLVD., SUITE 100  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HEALTH CARE SERVICES, , INC.  
Address: 483 N. SEMORAN BLVD., SUITE 204  
City-St-Zip: WINTER PARK, FL 32792

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: DARRELL BENGE

CFO

04/27/2007

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