

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000047013

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN ASSOCIATION OF DISPENSING PRACTITIONERS, LLC

**Current Principal Place of Business:**

2295 NW CORPORATE BLVD  
140  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

2295 NW CORPORATE BLVD  
140  
BOCA RATON, FL 33431 US

**New Mailing Address:**

**FEI Number:** 86-1139135

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERNARD M. CASSIDY, P.A.  
ONE EAST BROWARD BLVD  
1410  
FORT LAUDERDALE, FL 33301 US

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

BERNARD M. CASSIDY, P.A.  
200 S. ANDREWS AVENUE  
STE 900  
FORT LAUDERDALE, FL 33301 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: BERNARD M. CASSIDY

04/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BROWN, GARY  
Address: 2295 NW CORPORATE BLVD, STE 140  
City-St-Zip: BOCA RATON, FL 33431

I hereby 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: GARY BROWN

MGRM

04/18/2012

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