

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005059

FILED  
Jul 10, 2007  
Secretary of State

Entity Name: MERCY COMMUNITY PHARMACY LLC

## Current Principal Place of Business:

362 3RD STREET NORTHWEST  
WINTER HAVEN, FL 33880

## New Principal Place of Business:

362 3RD STREET NORTHWEST  
WINTER HAVEN, FL 33881

## Current Mailing Address:

362 3RD STREET NORTHWEST  
WINTER HAVEN, FL 33880

## New Mailing Address:

362 3RD STREET NORTHWEST  
WINTER HAVEN, FL 33881

FEI Number: 20-4130327      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: LYONS, NIKITA  
Address: 362 3RD STREET NORTHWEST  
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGR ( ) Delete  
Name: RIVERS, PAUL V  
Address: 362 3RD STREET NORTHWEST  
City-St-Zip: WINTER HAVEN, FL 33880

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: LYONS, NIKITA  
Address: 362 3RD STREET NORTHWEST  
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGR (X) Change ( ) Addition  
Name: RIVERS, PAUL V  
Address: 362 3RD STREET NORTHWEST  
City-St-Zip: WINTER HAVEN, FL 33881

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: NIKITA LYONS

DR.

07/10/2007

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