

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000023119

Entity Name: LEAVITT PHARMACY, LLC

**FILED**  
**Jan 05, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

2600 LAKE LUCIEN DRIVE, SUITE 180  
MAITLAND, FL 327517235

**New Principal Place of Business:**

**Current Mailing Address:**

2600 LAKE LUCIEN DRIVE, SUITE 180  
MAITLAND, FL 327517235

**New Mailing Address:**

FEI Number: 20-4263456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEYER, ALBERT R MD MHA  
2600 LAKE LUCIEN DRIVE, SUITE 180  
MAITLAND, FL 327517235 US

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

SUTTON, BILL  
2600 LAKE LUCIEN DRIVE, SUITE 180  
MAITLAND, FL 327517235 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: BILL SUTTON

01/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEAVITT MEDICAL ASSO, CIATES OF FLOR I DA, INC  
Address: 2600 LAKE LUCIEN DRIVE, SUITE 180  
City-St-Zip: MAITLAND, FL 327517235

**ADDITIONS/CHANGES:**

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: MICHAEL LEAVITT

SEC

01/05/2007

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