

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009730

FILED  
Apr 17, 2008  
Secretary of State

Entity Name: HPC PHARMACY SERVICES, LLC

**Current Principal Place of Business:**

12973 TELECOM PARKWAY STE 100  
TEMPLE TERRACE, FL 33637

**New Principal Place of Business:**

**Current Mailing Address:**

12973 TELECOM PARKWAY STE 100  
TEMPLE TERRACE, FL 33637

**New Mailing Address:**

FEI Number: 20-8607458

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FERNANDEZ, KATHY L  
12973 TELECOM PARKWAY STE 100  
TEMPLE TERRACE, FL 33637 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: LIFEPAATH HOSPICE AND, PALLIATIVE CA R E, INC.  
Address: 12973 TELECOM PARKWAY, SUITE 100  
City-St-Zip: TEMPLE TERRACE, FL 33637 US

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: KATHY L. FERNANDEZ

P

04/17/2008

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