## 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005067

Entity Name: ONE SOURCE PHARMACY, LLC

Apr 21, 2010 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5420 BAY CENTER DRIVE, SUITE 250 101 SOUTH HOOVER BLVD. TAMPA, FL 33609

**UNIT 100** 

TAMPA, FL 33609

**Current Mailing Address: New Mailing Address:** 

5420 BAY CENTER DRIVE, SUITE 250 8637 FREDERICKSBURG ROAD TAMPA, FL 33609

SUITE 360

SAN ANTONIO, TX 78240

FEI Number: 26-1787075 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

RAILEY & HARDING, P.A. CT CORPORATION SYSTEM 20 NORTH EOLA DRIVE 1200 SOUTH PINE ISLAND ROAD ORLANDO, FL 32801 PLANTATION, FL 33324

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: MADONNA CUDDIHY 04/21/2010

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGR

RAPIER, GEORGE M III Name:

Address: 8637 FREDERICKSBURG ROAD, SUITE 360

City-St-Zip: SAN ANTONIO, TX 78240

Title: MGR

Name: COMRIE, DAN

Address: 8637 FREDERICKSBURG ROAD, SUITE 360

City-St-Zip: SAN ANTONIO, TX 78240

Title: MGR

MANNING, RICHARD L Name:

8637 FREDERICKSBURG ROAD, SUITE 360 Address:

City-St-Zip: SAN ANTONIO, TX 78240

Title: MGR

Name: GRUNDHOEFER, BRYAN D

8637 FREDERICKSBURG ROAD, SUITE 360 Address:

City-St-Zip: SAN ANTONIO, TX 78240

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 Statues.

SIGNATURE: BRYAN D. GRUNDHOEFER **MGR** 04/21/2010