

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000020417

FILED
Jun 22, 2009
Secretary of State

Entity Name: HARBOUR ISLAND PHARMACY, LLC

Current Principal Place of Business:

601 S. HARBOUR ISLAND BLVD.
SUITE 105
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

601 S. HARBOUR ISLAND BLVD.
SUITE 105
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 26-3663402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRIETO, ANTHONY T
3705 N HIMES AVE
TAMPA, FL 33607 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: MGRM () Delete
Name: PRIETO, ANTHONY T
Address: 601 S. HARBOUR ISLAND BLVD. SUITE 105
City-St-Zip: TAMPA, FL 33602 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: PIPER, MICHAEL L
Address: 601 S. HARBOUR ISLAND BLVD. SUITE 105
City-St-Zip: TAMPA, FL 33602 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: ANTHONY PRIETO

MGRM

06/22/2009

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