

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116382

**FILED**  
**Feb 12, 2010**  
**Secretary of State**

**Entity Name:** LINCOURT COMPOUNDING CENTER, LLC

**Current Principal Place of Business:**

501 SOUTH LINCOLN AVE STE 10  
CLEARWATER, FL 33756

**New Principal Place of Business:**

501 SOUTH LINCOLN AVE  
SUITE 23  
CLEARWATER, FL 33756

**Current Mailing Address:**

501 SOUTH LINCOLN AVE STE 10  
CLEARWATER, FL 33756

**New Mailing Address:**

501 SOUTH LINCOLN AVE  
SUITE 10  
CLEARWATER, FL 33756

FEI Number: 26-3995456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

COLBY, ALFRED A  
305 SOUTH BLVD  
TAMPA, FL 33606 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: PRES  
Name: LADSON, LOUIS  
Address: 501 S LINCOLN AVENUE SUITE 10  
City-St-Zip: CLEARWATER, FL 33756

Title: VP  
Name: LASON, SHARON  
Address: 501 S LINCOLN AVENUE SUITE 10  
City-St-Zip: CLEARWATER, FL 33756

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 Statutes.

SIGNATURE: LOUIS F LADSON

PRES

02/12/2010

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