

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000018306

Entity Name: MPS RX FLORIDA, LLC

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

C/O MILLENNIUM PHARMACY SYSTEMS, INC.  
12450 PERRY HIGHWAY, SUITE 500  
WEXFORD, PA 15090

**New Principal Place of Business:**

6509 HAZELTINE NATIONAL DRIVE  
ORLANDO, FL 32822

**Current Mailing Address:**

C/O MILLENNIUM PHARMACY SYSTEMS, INC.  
12450 PERRY HIGHWAY, SUITE 500  
WEXFORD, PA 15090

**New Mailing Address:**

100 EAST KENSINGER DRIVE  
SUITE 500  
CRANBERRY TWP., PA 16066

FEI Number: 26-4775411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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  
Name: MILLENNIUM PHARMACY SYSTEMS, INC.  
Address: 100 EAST KENSINGER DRIVE, STE. 500  
City-St-Zip: CRANBERRY TWP, PA 16066

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: MILLENNIUM PHARMACY SYSTEMS, INC.

MGRM

04/29/2010

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