

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000093671

**FILED**  
**Mar 27, 2011**  
**Secretary of State**

**Entity Name:** TAMPA PHARMACY SERVICES, LLC.

**Current Principal Place of Business:**

15429 NORTH FLORIDA AVENUE  
TAMPA, FL 33613 US

**New Principal Place of Business:**

14510 NORTH FLORIDA AVENUE  
TAMPA, FL 33613 US

**Current Mailing Address:**

P O BOX 262863  
TAMPA, FL 33685 US

**New Mailing Address:**

**FEI Number:** 27-1015991      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MEKOWULU, EMMANUEL I  
15429 NORTH FLORIDA AVENUE  
TAMPA, FL 33613 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:** MEKOWULU, EMMANUEL I  
**Address:** P O BOX 262863  
**City-St-Zip:** TAMPA, FL 33685 US

**Title:** MGRM  
**Name:** EGBUJIOBI, BRIDGET  
**Address:** 807 SHERWOOD DR NE  
**City-St-Zip:** BELOIT, WI 53511 US

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: EMMANUEL MEKOWULU

MGRM

03/27/2011

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