

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000108675

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** TAMPA LONG TERM CARE PHARMACY, LLC

**Current Principal Place of Business:**

14508 N. FLORIDA AVE.  
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

14508 N. FLORIDA AVE.  
TAMPA, FL 33613 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

THE LAW OFFICES OF NICK SPRADLIN, PLLC  
18952 NORTH DALE MABRY HWY  
SUITE 102  
LUTZ, FL 33548 US

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

BENNETT, ROBERT S  
220 CRYSTAL GROVE BLVD  
LUTZ, FL 33548 US

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: ROBERT BENNETT

02/06/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TAMPA BAY PHARMACY MANAGEMENT SERVICES LLC  
Address: 14508 N. FLORIDA AVE.  
City-St-Zip: TAMPA, FL 33613 US

Title: MGRM  
Name: TAMPA PHARMACY SERVICES, LLC  
Address: 14508 N. FLORIDA AVE.  
City-St-Zip: TAMPA, FL 33613 US

Title: MGRM  
Name: SIERRA INVESTMENT GROUP USA, LLC  
Address: 14508 N. FLORIDA AVE.  
City-St-Zip: TAMPA, FL 33613 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: TAMPA BAY PHARMACY MANAGEMENT SERVICES

MGRM

02/06/2012

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