

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000108675

**FILED**  
**Aug 30, 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:**

13139 W. LINEBAUGH AVE.  
SUITE 101  
TAMPA, FL 33626 US

**Current Mailing Address:**

14508 N. FLORIDA AVE.  
TAMPA, FL 33613 US

**New Mailing Address:**

13139 W. LINEBAUGH AVE.  
SUITE 101  
TAMPA, FL 33626 US

**FEI Number:** 46-0720262

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

MUSCA, DANIEL G ESQ.  
13139 W. LINEBAUGH AVE.  
SUITE 101  
TAMPA, FL 33626 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: DANIEL G. MUSCA

08/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TRANSITIONS PHARMACY, LLC  
Address: 13139 W. LINEBAUGH AVE., SUITE 101  
City-St-Zip: TAMPA, FL 33626 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: TRANSITIONS PHARMACY, LLC

MGRM

08/30/2012

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