

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002529

FILED  
Jun 30, 2004  
Secretary of State

Entity Name: PHARMCO FLORIDA SERVICES, L.L.C.

**Current Principal Place of Business:**

8060 BRYAN DAIRY WEST, SUITE B  
LARGO, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

9875 REDHILL DRIVE  
CINCINNATI, OH 45242

**New Mailing Address:**

FEI Number: 59-3543511

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AYERS, CURT  
8060 BRYAN DAIRY WEST, SUITE B  
LARGO, FL 33777 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: WHITEHEAD, GARY R  
Address: 9875 REDHILL DRIVE  
City-St-Zip: CINCINNATI, OH 45242

Title: MGR ( ) Delete  
Name: KOHN, BARRY  
Address: 6210 CLEVES-WARSAW ROAD  
City-St-Zip: CINCINNATI, OH 45233

Title: MGR ( ) Delete  
Name: FARLEY, JAMES  
Address: 7265 KENWOOD RD., SUITE 300  
City-St-Zip: CINCINNATI, OH 45236

Title: MGR (X) Delete  
Name: SMITH, DAVID  
Address: 1 MCKNIGHT PLACE  
City-St-Zip: ST LOUIS, MO 63124

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: GARY R WHITEHEAD

MGR

06/30/2004

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