2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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1 Entity Name			

SECRETARY OF STATE TALLAHASSEE, FLORIDA FLORIDA PHARMACEUTICAL SERVICES, LLC Principal Place of Business Mailing Address 16825 NORTHCHASE DR., STE, 1300 16825 NORTHCHASE DR., STE. 1300 HOUSTON, TX 77060 HOUSTON, TX 77060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-0204277 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE Delete ☐ Addition President ROSS, R. DALE NAME NAME 100034829801 16825 NORTHCHASE DR., STE. 1300 STREET ADDRESS STREET ADDRESS 04/30/04--01028--007 **50.00 CITY-ST-ZIP HOUSTON, TX 77060 CITY-ST-ZIP Addition TITLE X Change ☐ Delete TITLE Vice President NAME BROUSSARD, BRUCE NAME 100034829801 STREET ADDRESS 16825 NORTHCHASE DR., STE. 1300 STREET ADDRESS 04/30/04--01028--008 **5.80 CITY-ST-ZIP HOUSTON, TX 77060 CITY-ST-7IP TITLE ☐ Delete TITLE x Change ☐ Addition Vice President, Secretary & Treasurer MORGAN, GEORGE D NAME NAME STREET ADDRESS 16825 NORTHCHASE DR., STE. 1300 STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77060 CITY-ST-ZIP ☐ Detete X Change ☐ Addition Vice President, Asst. Secretary & Asst. WATTS, PHILLIP H NAME NAME Treasurer STREET ADDRESS 16825 NORTHCHASE DR., STE, 1300 STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77060 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify 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 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 receive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. Phillip H. Watts, Vice President SIGNATURE: IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE