

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000002747

**FILED**  
**Apr 12, 2006**  
**Secretary of State**

**Entity Name:** ASSOCIATED PHARMACIES SERVICES, L.L.C.

**Current Principal Place of Business:**

211-B LONNIE E. CRAWFORD BLVD.  
SCOTTSBORO, AL 35769

**New Principal Place of Business:**

**Current Mailing Address:**

211-B LONNIE E. CRAWFORD BLVD.  
SCOTTSBORO, AL 35769

**New Mailing Address:**

**FEI Number:** 57-1183909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGR ( ) Delete  
Name: COPELAND, JON  
Address: 211 LONNIE CRAWFORD BLVD  
City-St-Zip: SCOTTSBORO, AL 35769

**ADDITIONS/CHANGES:**

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 Chapter 119, 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: JON COPELAND

MGR

04/12/2006

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