

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003945

FILED
Mar 08, 2006
Secretary of State

Entity Name: GUARDIAN PHARMACY OF JACKSONVILLE, LLC

Current Principal Place of Business:

1776 PEACHTREE ROAD NW, STE. 310
SOUTH TOWER
ATLANTA, GA 30309

New Principal Place of Business:

Current Mailing Address:

1776 PEACHTREE ROAD NW, STE. 310
SOUTH TOWER
ATLANTA, GA 30309

New Mailing Address:

FEI Number: 20-1634457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: BURKE, FRED P
Address: 30 WAKEFIELD DRIVE
City-St-Zip: ATLANTA, GA 30309

Title: MGR () Delete
Name: MORRIS, DAVID K
Address: 1776 PEACHTREE ROAD NW, STE. 310
City-St-Zip: ATLANTA, GA 30309

Title: MGR () Delete
Name: FORBES, G. KENDALL
Address: 19332 SOUTH LAKEWAY
City-St-Zip: BATON ROUGE, LA 70810

Title: MGR () Delete
Name: MCCLELLAND, KHRISTY
Address: 3857 DEER CHASE PLACE
City-St-Zip: JACKSONVILLE, FL 32224

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 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: DAVID K. MORRIS

CFO

03/08/2006

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