

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001033

FILED
Apr 30, 2009
Secretary of State

Entity Name: D & K HEALTHCARE RESOURCES LLC

Current Principal Place of Business:

ONE POST STREET, 35TH FLOOR
SAN FRANCISCO, CA 94104

New Principal Place of Business:

ONE POST STREET, 35TH FLOOR
ATTN: KAREN M. PINEDA
SAN FRANCISCO, CA 94104

Current Mailing Address:

ONE POST STREET, 35TH FLOOR
SAN FRANCISCO, CA 94104

New Mailing Address:

FEI Number: 72-1609722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: JULIAN, PAUL C
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

Title: MGR () Delete
Name: LOIACONO, NICHOLAS A
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, CA 94104

Title: MGR () Delete
Name: BOGAN, WILLIE C
Address: ONE POST STREET
City-St-Zip: SAN FRANCISCO, FL 94104

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:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIE C. BOGAN

MGR

04/30/2009

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