

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001480

FILED
Mar 30, 2009
Secretary of State

Entity Name: GUARDIAN PHARMACY OF TAMPA, LLC

Current Principal Place of Business:

9790 16TH STREET NORTH
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

SUITE 310, SOUTH TOWER
1776 PEACHTREE ROAD, N.W.
ATLANTA, GA 30309

New Mailing Address:

FEI Number: 20-8033374

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: 1776 PEACHTREE RD., N.W., STE. 310, S. TWR
City-St-Zip: ATLANTA, GA 30309

Title: MGR () Delete
Name: MORRIS, DAVID K
Address: 1776 PEACHTREE RD., N.W., STE. 310, S. TWR
City-St-Zip: ATLANTA, GA 30309

Title: MGR () Delete
Name: FORBES, G. KENDALL
Address: 1776 PEACHTREE RD., N.W., STE. 310, S. TWR
City-St-Zip: ATLANTA, GA 30309

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: DAVID K MORRIS

MGR

03/30/2009

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