

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000001480

**FILED**  
**Apr 29, 2010**  
**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  
Name: BURKE, FRED P  
Address: 1776 PEACHTREE RD., N.W., STE. 310, S. TWR  
City-St-Zip: ATLANTA, GA 30309

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

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

I hereby 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: KAREN BOYD

ADMN

04/29/2010

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