

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001778

FILED
Apr 21, 2008
Secretary of State

Entity Name: DIPLOMAT SPECIALTY PHARMACY OF FT. LAUDERDALE, LLC

Current Principal Place of Business:

2029 E. ELMS ROAD, BLDG. B., STE. D
SWARTZ CREEK, MI 48473

New Principal Place of Business:

500 SE 15 TH ST STE 120
FT LAUDERDALE, FL 33316

Current Mailing Address:

2029 E. ELMS ROAD, BLDG. B., STE. D
SWARTZ CREEK, MI 48473

New Mailing Address:

2029 E. ELMS ROAD, STE. D
SWARTZ CREEK, MI 48473

FEI Number: 26-0146551

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 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: MGRM () Delete
Name: DIPLOMAT PHARMACY, I, NC.
Address: 2029 E. ELMS ROAD, BLDG. B., STE. D
City-St-Zip: SWARTZ CREEK, MI 48473

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DIPLOMAT PHARMACY, I, NC.
Address: 2029 E. ELMS ROAD, STE. D
City-St-Zip: SWARTZ CREEK, MI 48473

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: PHILIP R HAGERMAN

CEO

04/21/2008

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