

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000005116

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** GUARDIAN PHARMACY OF SOUTHEAST FLORIDA, LLC

**Current Principal Place of Business:**

2301 NW 33RD COURT  
SUITE 111  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

1776 PEACHTREE ROAD  
SUITE 500 SOUTH TOWER  
ATLANTA, GA 30309

**New Mailing Address:**

**FEI Number:** 26-0734813

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
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  
Name: BURKE, FRED P  
Address: 1776 PEACHTREE ROAD, SOUTH TOWER, STE. 500  
City-St-Zip: ATLANTA, GA 30309

Title: MGR  
Name: MORRIS, DAVID K  
Address: 1776 PEACHTREE ROAD, SOUTH TOWER, STE. 500  
City-St-Zip: ATLANTA, GA 30309

Title: MGR  
Name: FORBES, G. KENDALL  
Address: 1776 PEACHTREE ROAD, SOUTH TOWER, STE. 500  
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: STACY SHANLEY

MGR

04/13/2012

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