

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006014

FILED
May 01, 2009
Secretary of State

Entity Name: ADVANCED PHARMACY FLORIDA, LLC

Current Principal Place of Business:

900 SOUTH LOOP WEST, SUITE 100
HOUSTON, TX 77054

New Principal Place of Business:

45 SKYLINE DRIVE, SUITE 1011
LAKE MARY, FL 32746

Current Mailing Address:

900 SOUTH LOOP WEST, SUITE 100
HOUSTON, TX 77054

New Mailing Address:

FEI Number: 26-1472315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: BARR, DAVID C
Address: 900 SOUTH LOOP WEST, SUITE 100
City-St-Zip: HOUSTON, TX 77054

Title: MGR () Delete
Name: MONCRIEF, JAMES W
Address: 900 SOUTH LOOP WEST, SUITE 100
City-St-Zip: HOUSTON, TX 77054

Title: MGR () Delete
Name: MARTIN, JAMES
Address: 900 SOUTH LOOP WEST, SUITE 100
City-St-Zip: HOUSTON, TX 77054

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: BARR, DAVID C
Address: 900 SOUTH LOOP WEST, SUITE 100
City-St-Zip: HOUSTON, TX 77054

Title: S (X) Change () Addition
Name: MONCRIEF, JAMES W
Address: 900 SOUTH LOOP WEST, SUITE 100
City-St-Zip: HOUSTON, TX 77054

Title: C (X) Change () Addition
Name: WOOD, MARILYN
Address: 8800 GRAND OAK CIRCLE, SUITE 400
City-St-Zip: TAMPA, FL 33637

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 C BARR

P

05/01/2009

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