

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006014

FILED
Apr 13, 2010
Secretary of State

Entity Name: ADVANCED PHARMACY FLORIDA, LLC

Current Principal Place of Business:

45 SKYLINE DRIVE, SUITE 1011
LAKE MARY, FL 32746

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P
Name: BARR, DAVID C
Address: 900 SOUTH LOOP WEST, SUITE 100
City-St-Zip: HOUSTON, TX 77054

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

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

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: JAMES W. MONCRIEF

S

04/13/2010

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