2008 LIMITED LIABILITY COMPÂNY ANNUAL REPORT

FILED 3 Apr 09, 2008 8:00 am Secretary of State

DOCUMENT # M0700007110 1. Entity Name STANLEY LONG TERM CARE PHARMACY OF FLORIDA LLC							03-13-200	_		
Principal Place	ol Busines	3	Mailing Address			1				
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TAMPA, FL 33619 TAMPA, FL 33619							30	0035) [
							90 m (200 02m 03m 10)			
Principal Place of Business - No P.O. Box # 3. Mailing Address										
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			02212008	Chg-LLC	CR2E083	(12/06)	
City & State			City & State			4. FEI Numbe	er		Ar	polico For
					33-1168396 Not Applicable					
Zip	Zip Country		Zip Cour		ıtry			5.00 Add		
6. Name and Address of Current			Registered Agent	T	7. Name and Address of New Registered Agent					
			Name							
CUMMINGS, FRANK					Street Address (P.O. Box Number is Not Acceptable)					
1228 TECH TAMPA, FL			Charles and the control of the charles							
					City			FL	Zip Cod	e
8. The above	named entit	v submits this statement for	the purpose of changing its	renister	ed office or register	ed agent or bot	h in the State of Flo		niliar with	and accept
the obligation			the perpose of energing its	109/3/0	ad office of regions.	ca again, or oar	·	iloa, ramian	mar war.	and accept
SIGNATURE _										1
	Signature, typed	or printed name of registered agent a	nd tale if applicable. (NOTE	: Registere	d Agent signature required	when remstating)		DATE		
FILE NOW!!! FEE IS \$138.75 . After May 1, 2008 Fee will be \$538.75								check pay Departmen		,
9.		MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES		
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11. I hereby o	ertify that the	s information supplied with	this filing does not qualify for that my signature shall have	the exe	mptions contained i	in Chapter 119, i	lorida Statutes. I fui	ther certify the	olni edi je	mation
limited liab	bility compa	ry or the receiver or trustee	empowered to execute this	report a	required by Chapt	er 608, Florida S	tatutos.	g manaar u	· ····································	
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