

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001330

Entity Name: MED-DISPENSE GP, LLC

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

6250 SHILOH ROAD, SUITE 240
ALPHARETTA, GA 30005

New Principal Place of Business:

Current Mailing Address:

6250 SHILOH ROAD, SUITE 240
ALPHARETTA, GA 30005

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

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: MGR () Delete
Name: LINDSUY, BRUCE
Address: C/O 308 E. LANCASTER AVE., SUITE 300
City-St-Zip: WYNNEWOOD, PA 19096

Title: MGR () Delete
Name: RAPHAEL, MICHAEL
Address: C/O 308 E. LANCASTER AVE., SUITE 300
City-St-Zip: WYNNEWOOD, PA 19096

Title: MGR () Delete
Name: MCCLINTOCK, WILLIAM
Address: 6250 SHILOH ROAD, SUITE 240
City-St-Zip: ALPHARETTA, GA 30005

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LINDSAY, BRUCE
Address: C/O 308 E. LANCASTER AVE., SUITE 300
City-St-Zip: WYNNEWOOD, PA 19096

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL RAPHAEL

MGR

01/20/2009

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