

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000001330

Entity Name: MED-DISPENSE GP, LLC

**FILED**  
**Jan 07, 2011**  
**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: 20-8003949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: LINDSAY, BRUCE  
Address: C/O 308 E. LANCASTER AVE., SUITE 300  
City-St-Zip: WYNNWOOD, PA 19096

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

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: BRUCE C. LINDSAY

MGR

01/07/2011

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