
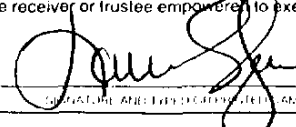


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M98000000525	
AAS PHARMACY SERVICES, LLC 11700 RAINWOOD 10620 Colonel Glenn Rd. LITTLE ROCK AR 72212 Suite B Little Rock, AR 72204		1a. Principal Place of Business Address (Change) 11700 RAINWOOD LITTLE ROCK AR 72212 10620 Colonel Glenn Rd. Suite B Little Rock, AR 72204	
2. Principal Place of Business 10620 Colonel Glenn Rd. Suite, Apt. #, etc. Suite B City & State Little Rock AR Zip 72204 Country USA		2a. Mailing Address 4936 Blazer Pkwy Suite, Apt. #, etc. Suite B City & State Dublin OH Zip 43017 Country USA	
3. Date Organized or Qualified 05/27/1998		3a. State of Formation DE	
4. FET Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent CORPORATION SERVICE, COMPANY 1200 HAYS STREET TALLAHASSEE FL 32301		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reconstituting)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BYRUM, WILLIAM B	2301 ENTERPRISE PARKWAY, S	BEACHWOOD OH
MGR	STETHEM, GERALD D	2301 ENTERPRISE PARKWAY, S	BEACHWOOD OH
MGR	BIRKETT, CHARLES W	277 MALLORY STATION ROAD, S	FRANKLIN TN
MGR	VERBANIC, JO ANN	277 MALLORY STATION ROAD, S	FRANKLIN TN
			G/L # 001627-000
			APR 02 1999
			ITEM # 282560
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		Lawrence E. Jones VP of Business & Development 3-10-99 64.652.3356	