

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

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>\$ 188.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000895**

**HOSPICE PHARMACIA LLC**  
**1601 MARKET STREET, SUITE 3350**  
**PHILADELPHIA PA 19103**

1a. Principal Place of Business Address

**1601 MARKET STREET, SUITE 33**  
**PHILADELPHIA PA 19103**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

**08/17/1998**

**DE**

4. FEI Number

☐ Applied For

☐ Not Applicable

**23-2926381**

5. Date of Last Report

6. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

**REEDER, STEPHEN G**  
**3904 CORPOREX PARK DRIVE, SUITE 120**  
**TAMPA FL 33619**

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

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

**MGRM**

**HOSPICE PHARMACIA, INC**

**1601 MARKET STREET, SUITE**

**PHILADELPHIA PA**

100002814941--6  
 09/23/99--01032--017  
 \*\*\*\*188.75 \*\*\*\*188.75

SL  
 3-19-99

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:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**CALVIN H. KNOWLTON**  
**CEO**

**3/10/99 215-972-2444**

Telephone Number