2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND YPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # 275094** 1. Entity Name DAVIDSON DRUGS, INC. 04-23-2001 90216 050 ***150.00 Principal Place of Business Mailing Address 1281 S TAMIAMI TRAIL 1281 S TAMIAMI TRAIL SARASOTA FL 34239 SARASOTA FL 34239 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1028695 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIDSON, JOHN B Street Address (P.O. Box Number is Not Acceptable) 8324 SANDERLING RD SARASOTA FL 34242 Zip Code City 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change Delete TITLE NAME DAVIDSON, JOHN B. JR NAME STREET ADDRESS 8324 SANDERLING RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 00000 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME DAVIDSON, ROBERT STREET ADDRESS STREET ADDRESS 1586 EASTBROOK DRIVE CITY-ST-7IP CITY-ST-ZIP SARASOTA FL CHAIRMAN Change **PSD** Delete TITLE TITLE DAVIDSON, JOHN B NAME NAME STREET ADDRESS STREET ADDRESS 8324 SANDERLING RD CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 00000 PRESIDENT Addition ☐ Delete TITLE TITLE DAVIDSON, RICHARD NAME NAME STREET ADDRESS 1222 POINT CRIPS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 00000 ☐ Change Addition VP-PHARMACY Delete TITLE TITLE WALTER EDGERTON DAVIDSON, SUZANNE NAME NAME 558 SIK OAK DRIVE VENICE IFI 34293 STREET ADDRESS STREET ADDRESS 8324 SANDERLING RD CITY-ST-ZiP CITY-ST-ZIP SARASOTA, FL 00000 Addition Change ☐ Delete TITLE TITLE BACON JUANN NAME NAME BOUNCE A DRIVE STREET ADDRESS STREET ADDRESS 55/5 BOUNCE! H P 5ALASUTA FL 34232 CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truelee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.

Daytime Phone #

Date