

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91258 001 ***450.00

DOCUMENT # M69174

1. Entity Name
PREFERRED PHARMACY, INC.

Principal Place of Business 369 OFFICE PLAZA TALLAHASSEE FL 32301	Mailing Address 369 OFFICE PLAZA TALLAHASSEE FL 32301
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72536



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3375-I Capital Cir, NE Suite, Apt. #, etc.	3. Mailing Address 3375-I Capital Cir, NE Suite, Apt. #, etc.
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City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32308	Country USA

4. FEI Number 59-3019779	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALVAREZ, ERIC
 3001 NW 7TH ST
 MIAMI FL 33125**

Name
Dan Fucarino
 Street Address (P.O. Box Number is Not Acceptable)
3375-I Capital Cir, NE
Tallahassee FL 32308

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 *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE **5/9/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FUCARINO, DAN 10205 LAKE CARROLL WAY TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALVAREZ, ERIC 3001 NW 7TH ST MIAMI FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWNING, GEORGE 141 E. HIBISCUS AVE MELBOURNE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bob Burnside 3375-I Capital Circle, NE Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cynthia Tainer Mincey 3375-I Capital Cir, NE Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I 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 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 trustee 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 like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **5/9/01** DAYTIME PHONE **850-656-0100**

CR2E034 (10/00)