

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000042047

Entity Name: KINGS PHARMACY, INC.

FILED  
Mar 19, 2002 8:00 AM  
Secretary of State

## Current Principal Place of Business:

6614 NORTHWEST 99TH AVENUE  
PARKLAND, FL 33076

## New Principal Place of Business:

2814 N UNIVERSITY DR  
CORAL SPRINGS, FL 33065

## Current Mailing Address:

6614 NORTHWEST 99TH AVENUE  
PARKLAND, FL 33076

## New Mailing Address:

FEI Number: 65-1100468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: WOLMAN, DAVID S  
Address: 6614 NORTHWEST 99TH AVENUE  
City-St-Zip: PARKLAND, FL 33076

Title: VTD ( ) Delete  
Name: CORBIN, MICHAEL A  
Address: 6614 NORTHWEST 99TH AVENUE  
City-St-Zip: PARKLAND, FL 33076

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VTD (X) Change ( ) Addition  
Name: WOLMAN, KIM Y  
Address: 6614 NORTHWEST 99TH AVENUE  
City-St-Zip: PARKLAND, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID WOLMAN

PSD

03/19/2002

Electronic Signature of Signing Officer or Director

Date