

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 360040**

1. Entity Name

HABANA HOSPITAL PHARMACY, INC.**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90181 009 ***150.00

Principal Place of Business	Mailing Address
4710 N. HABANA AVE. SUITE 101 TAMPA FL 33614	4710 N. HABANA AVE. SUITE 101 TAMPA FL 33614-7143

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1296170	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DYKES, WALTER E 4710 N. HABANA AVE., SUITE 101 TAMPA FL 33614

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
-------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------	--------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	DYKES, WALTER E	NAME	
STREET ADDRESS	11212 CARROLLWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	DYKES, ANN P	NAME	
STREET ADDRESS	11212 CARROLLWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Walter E Dykes Walter E Dykes 1-4-2000 (813) 872-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #