

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended

DOCUMENT # F00000000255

1. Entity Name

SPECIALTY PHARMACY, INC.

FILED

02 DEC 18 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800009560218
12/17/02--01060--001 **\$61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4 Hook Road

3. Mailing Address

4 Hook Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sharon Hill, PA

City & State
Sharon Hill, PA

4. FEI Number
23-3003463

Applied For
Not Applicable

Zip
19079

Country
USA

Zip
19079

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Mead, Charles

Street Address (P.O. Box Number is Not Acceptable)

370 W. Camino Gardens, Blvd, Plaza 7, Ste 300

City Boca Raton

FL

Zip Code
33432

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	President/Director - Kramm, Edward P 10525 West 175th Street Olathe, KS 66062	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/Chairperson/Director - Jordan, Gigi 272 Ridge Drive Stateline, NV 89449	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary - Troilo, Joseph A. 4 Hook Road Sharon Hill, PA 19079	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer - Kolleda, Bruce 2287 Lake Ridge Terrace Lawrenceville, GA 30043	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		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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. Troilo, Jr., Secretary

12-16-02

(610) 237-1851

Date

Daytime Phone #

CR2E034B (12/01)

JOSEPH T. MOLIERI, JR.

ATTORNEY AT LAW

TEL: (610) 237-1851

4 HOOK ROAD
SHARON HILL, PA 19079

FAX: (610) 237-7115

December 16, 2002

VIA FEDERAL EXPRESS:

Uniform Business Report Filings
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: *Specialty Pharmacy, Inc. a Delaware corporation*
2002 Amended Uniform Business Report
Florida Corporation No. F00000000255

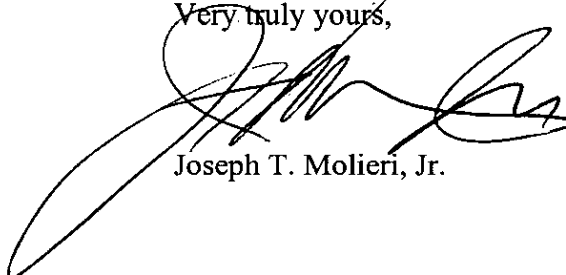
Ladies/Gentlemen:

Enclosed for filing please find an Amended 2002 Uniform Business Report for the above referenced corporation, along with a check in the amount of \$61.25 payable to the Florida Department of State.

The purpose of this amended filing is to document that James Kuo has resigned as a director of the corporation and to have him removed from that position on your records.

Should you have any questions regarding this matter please do not hesitate to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read 'J. Moleri, Jr.', is written over the typed name. The signature is fluid and cursive, with a large loop at the end.

Joseph T. Moleri, Jr.

enclosures: as stated.