

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am  
Secretary of State

02-06-2001 90093 001 \*\*\*150.00  
02-06-2001 90093 002 \*\*\*\*\*8.75

DOCUMENT # F00000000468

1. Entity Name

LIBERTY HOME PHARMACY CORPORATION

Principal Place of Business

MARTIN DOWNS BUSINESS PARK  
3595 S.W. CORPORATE PARKWAY  
PALM CITY FL 34990

Mailing Address

MARTIN DOWNS BUSINESS PARK  
3595 S.W. CORPORATE PARKWAY  
PALM CITY FL 34990

2. Principal Place of Business

1111 SE Federal Hwy

3. Mailing Address

PO Box 2920

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 106

City & State

Stuart, FL

City & State

Stuart FL

Zip

34994

Country

USA

Zip

34994

Country

USA

4. FEI Number

06-1553683

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, ROBERT N  
C/O DEAN, MEAD, MINTON & KLEIN  
1903 SOUTH 25TH STREET, SUITE 200  
FORT PIERCE FL 34947

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

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) ☐

**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	P TROWBRIDGE, KEITH 3595 S.W. CORPORATE PARKWAY PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAJELA, KULDEEP 3595 S.W. CORPORATE PARKWAY PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALTERS, ERIC G 3595 S.W. CORPORATE PARKWAY PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, STEVEN J 11 STATE STREET WOBURN MA 01801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SICILIANO, ARTHUR 11 STATE STREET WOBURN MA 01801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Keith Trowbridge 6900 SE S. Marina Way Stuart, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kuldeep Hajela 6129 NW 124th Drive Coral Springs, FL 33076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Eric G Walters 165 Cambridge Tpke. Concord, MA 01742	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steven J Lee 112 Farm Rd Sherborne, MA 01770	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arthur Siciliano 13 Salt marsh Ln. Gloucester, MA 01930	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robert N. Mark 2025 NE River Ct. Jensen Beach, FL 34957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Warren K. Trowbridge

1/30/01

Date

561-219-1683

Daytime Phone #

043712

CR2E034 (10/00)