

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90087 037 \*\*\*158.75

0698032 AV

**DOCUMENT # F00000000468**

1. Entity Name

**LIBERTY HOME PHARMACY CORPORATION**

Principal Place of Business

**1111 SE FEDERAL HWY  
 SUITE 106  
 STUART FL 34994**

Mailing Address

**PO BOX 2920  
 STUART FL 34994**

2. Principal Place of Business

3. Mailing Address

**PO Box 2880**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Stuart, FL**

4. FEI Number

**06-1553683**

Applied For

Not Applicable

Zip

Country

Zip

**34995**

Country

**Martin**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V TROWBRIDGE, KEITH 6900 SE S. MARINA WAY STUART FL 34996</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HAJELA, KULDEEP 6129 NW 124TH DRIVE CORAL SPRINGS FL 33076</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WALTERS, ERIC G 165 CAMBRIDGE TNPKE. CONCORD MA 01742</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEE, STEVEN J 112 FARM RD SHERBORN MA 01770</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SICILIANO, ARTHUR 13 SALT MARSH LN. GLOUCESTER MA 01930</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MARK, ROBERT N 2025 NE RIVER CT. JENSEN BEACH FL 34957</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:

*Robert N. Mark*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/17/02*  
 Date

*561-219-1683*  
 Daytime Phone #

CR2E034 (9/01)