

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90038 013 ***158.75

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 2880
STUART FL 34995**

2. Principal Place of Business
8881 LIBERTY LANE

3. Mailing Address
P.O. Box 20003

Suite, Apt. #, etc.

City & State
PORT ST. LUCIE, FL

City & State
FORT PIERCE, FL

Zip
34952

Country
ST. Lucie

Zip
34979

Country
USA



☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TROWBRIDGE, KEITH		NAME		
STREET ADDRESS	6900 SE S. MARINA WAY		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34996		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAJELA, KULDEEP		NAME		
STREET ADDRESS	6129 NW 124TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33076		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALTERS, ERIC G.		NAME		
STREET ADDRESS	165 CAMBRIDGE TNPKE.		STREET ADDRESS		
CITY-ST-ZIP	CONCORD MA 01742		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEE, STEVEN J		NAME		
STREET ADDRESS	112 FARM RD		STREET ADDRESS		
CITY-ST-ZIP	SHERBORN MA 01770		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SICILIANO, ARTHUR		NAME		
STREET ADDRESS	13 SALT MARSH LN.		STREET ADDRESS		
CITY-ST-ZIP	GLOUCESTER MA 01930		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARK, ROBERT N		NAME		
STREET ADDRESS	2025 NE RIVER CT.		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL 34957		CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert N. Mark** **1/30/03** **877-891-2545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

State of Florida



Department of State

Attachment#

F00000000
468

30028238

I certify from the records of this office that LIBERTY HOME PHARMACY CORPORATION is a Delaware corporation authorized to transact business in the State of Florida, qualified on January 25, 2000.

The document number of this corporation is F00000000468.

I further certify that said corporation has paid all fees due this office through December 31, 2002, that its most recent annual report/uniform business report was filed on February 5, 2002, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.



CR2EO22 (1-99)

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Ninth day of February, 2002

Katherine Harris

Katherine Harris
Secretary of State