

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90169 028 ***150.00

DOCUMENT # F00000005114

1. Entity Name

SECURE PHARMACY PLUS, INC.



Principal Place of Business

**105 WESTPARK DRIVE
SUITE 200
BRENTWOOD TN 37027
US**

Mailing Address

**105 WESTPARK DRIVE
SUITE 200
BRENTWOOD TN 37027
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1829950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BENNETT, JENNIFER A 105 WEST PARK DRIVE, STE. 200 BRENTWOOD TN 37027	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARTMAN, ENOCH (TREY) E III 105 WESTPARK DRIVE STE. 200 BRENTWOOD TN 37027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WRIGHT, RICHARD D 105 WESTPARK DRIVE STE. 200 BRENTWOOD TN 37027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV BYASSEE, JEAN L 105 WESTPARK DRIVE STE. 200 BRENTWOOD TN 37027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD TAYLOR, MICHAEL W 105 WEST PARK DRIVE STE. 200 BRENTWOOD TN 37027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRYSON, GRANT 416 MARY LINDSAY POLK DR STE 515 FRANKLIN TN 37064	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President & Asst. Secretary Ken Palombo 105 Westpark Drive, Suite 200 Brentwood, TN 37027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO & Director Enoch E. (Trey) Hartman 105 Westpark Drive, Suite 200 Brentwood, TN 37027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Richard D. Wright 105 Westpark Drive, Suite 200 Brentwood, TN 37027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & COO Grant Bryson 105 Westpark Drive, Suite 200 Brentwood, TN 37027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

JEAN L. BYASSEE

Date

Daytime Phone #

CR2E034 (10/02)