2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 27, 2003 8:00 am Secretary of State

Principle Place of Business 1256 SW, 122 COURT 1256 SW, 1256	DOCUMENT # F05003 1. Entity Name MILDER PHARMACY, INC.								03-12-2003	90349	001 ***3	300.00	
Sulfa, Apt. V. etc. Sulfa, Apt. V. etc. Sulfa, Apt. V. etc. City & State A. TEI Number 59-2011795 Application of Setting Delated Not Applicable Not Not	12255 S.W. 132 COURT MAMI F 33186				12255 S.W. 132 COURT MIAMI F 33186								
City & State Ci	2. Principal Place of Business				3. Mailing Address				5 1901199 JULY STIDI ENIN DENI BENT	I 1111 I.(<u>111</u> 1)			
SP-2041795 Country Zip Country S. Certificate of Status Desired S.7.5 Accisional Feb Required	Suite, Apt. #, etc.								CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Apent Name Name								4.	59-2041795		N	ot Applicable	<u>-</u>
MILDER, HARRY 12255 SW 122 COURT MIAM FL 33188 City FL Zip Code 8. The above named emity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of pulphered agent. SIGNATURE FILE NOW!!! FeE \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE. MAM. MILDER, HARRY SIRREY ADDRESS ON'-51-79 THE MAM. FL 33156 Dete: THE MAM. FL 33156 Dete: THE MAM. STREY ADDRESS CITY-51-79 THE MAM. STREY A	Zip					ntry				Fee Require	ditional ad		
MILDER, HARRY 1225 SW 132 COURT MIAMI FL 33168 City City FL Zip Code 8. The above named entity submits this statement for the purposerod changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of purposerod spent up of the registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of purposerod spent up of the registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of purposerod spent up of the registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of purposerod spent up of the registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of purposerod spent up of the registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of purposerod spent up of the registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of purposerod spent up of the registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of purposerod spent up of the registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of purposerod spent up of the state of the spent up of the state of the spent up of the		6. Name	and Address of Cur	rent Register	ed Agent			7	Name and Address of New Re	gistered	Agent -		
12255 SW 132 COURT MIAMI FL 33186	1411.050	IA DOW					Name						}
8. The above named entity submits this statement for the purposer changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or gigitered agent. Signature	· · · · · · · · · · · · · · · · · · ·						Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purposeed changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of applysered agent. SIGNATURE	MIAMI FL 33188						-				-1-2-2	 	
SIGNATURE FILE NOW!!! FEE IS 150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE DPS MILDER, HARRY STREET ADDRESS CITY-ST-2P MIAMI FL 33156 TITE Obeles MIAMI FL 33156 TITE Obeles MIAMI FL 33156 TITE OBELES CITY-ST-2P TITE OBELES CITY-ST-2P TITE MAKE STREET ADDRESS CITY-ST-2P TITE MAKE STREET ADDRESS CITY-ST-2P TITE MAKE STREET ADDRESS CITY-ST-2P TITE OBELES TITE OBE	<u> </u>						City			FL	- Zip Cod	ie	
FILE NOWIII FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	8. The above the obligat	e named entiti tions of regist	y submits this stateme ered agent.	ent for the purp	changing its	register	ed office or regis	lered ag		/	•	and accept	}
After May 1, 2003 Fee will be \$55.00 May Be Make Check Playable to Florida Department of State 10.	SIGNATURE.	Signature, sypeu	or printed by the of registered	agent and title if app	NOTE INOTE	E: Registere	d Agent signature requ	ired when re			03		
After May 1, 2003 Fee will be \$55.00 May Be Make Check Playable to Florida Department of State 10.		<u> </u>	1 -6-10 0000 00		, -				· · · · · · · · · · · · · · · · · · ·				-
10.	Afte	r May 1, 200	3 Fee will be \$550	.00	tate						\$5.0 Addec	IO May Be I to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS TITLE NAME STREET					l DRS		AΓ	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	SJN 11	┥	
NAME STREET ADDRESS		DPS					£		<u> </u>				୍ଲି 🖁
NAME STREET ADDRESS	l.						±						Įğ
NAME STREET ADDRESS	STREET ADDRESS 8305 SW 116 TERR					ET ADORESS	4					¥	
NAME STREET ADDRESS	CITY-ST-ZIP	MIAMI FL	33156			CHY	-ST-ZIP) <u>iii</u>
STREET ADDRESS STREET STREET ADDRESS STREET S	I				☐ Delete						☐ Change	Addition	GR
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 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 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 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	STREET ADDRESS		ere is a mer		-	STRE	ET ADDRESS	·, -		· · · ·			
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition		ļ									Change	[] Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		!			C Deserte								\
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	ĺ				STRE	ET ADDRESS						1
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP					CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP					☐ Delete						Change	☐ Addition	ļ
CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP								•					1
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOUR Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP												,	
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 CITY-ST-ZIP CITY-ST-ZIP					Doloto	╂			<u> </u>		Chance	Addition	1
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP					L.i Delate		ı				- Orango	ROURION	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delets TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Change Addition	STREET ADDRESS					STRE	ET ADDRESS -						
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	<u> </u>	·			СПУ	-ST-ZIP						}
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	•				☐ Delete						☐ Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP		}					- I						
	ļ i	t		٠			,						1
indicated on this report or supplies who ris limity coes not quality for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplies that I even at officer or director.		Dorlike the at 2	information to a state of	saidh anis Airs	dess act micht if			Santin -	40.07/2V3 Fig. 24- 01 1 1 1 1	eth.	(i sla - ·	4	ļ
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 addiges, with all other like empowered.	of the cor	poration or th	e receiver or trustee e	empowered to (execute this report a	tne exer ly signat as requir	mption stated in S ure shall have the ed by Chapter 60	section 1 same la 07, Floric	19.07(3)(i), Florida Stalutes. I fu egal effect as if made under oat la Statutes; and that my name a	riner cert h; that I a ppears in	iry that the in m an officer of Block 10 or	normation or director Block 11 if	

fresident