2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F24188 Apr 19, 2000 8:00 am Secretary of State CORAL PHARMACY DISCOUNT CORPORATION 04-19-2000 90106 013 ***150.00 Principal Place of Business Mailing Address 10684 CORAL WAY 10684 CORAL WAY MIAMI*FL 33165-7917 MIAMI-FL-33165-US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2085419 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEDELL, PHILIPPE LAWRE Street Address (P.O. Box Number is Not Acceptable) 10684 CORAL WAY MIAMI FL 33165 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5:00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition PD ☐ Change ☐ Delete TITLE TITLE MEDELL, PHILIPPE L J.D. NAME STREET ADDRESS STREET ADDRESS 10684 CORAL WAY CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 ☐ Change Addition ☐ Delete TITLE TITLE MEDELL, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 126 MINORCA AVE CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/0 (305/57-41

Daytime Phone

CR2E034 (9/99)