2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9400003216

1. Entity Name

CENTRAL PHARMACY SERVICES, INC.

FILED Mar 02, 2001 8:00 am Secretary of State

03-02-2001 90079 020 ***150.00

Principal.	Place	∩f	Business

PARK PALISADES SUITE 609 1819 PEACHTREE ROAD ATLANTA GA 30309

Mailing Address

PARK PALISADES SUITE 609 1819 PEACHTREE ROAD ATLÂNTA GA 30309

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2. Principal Place of Business	3. Mailing Address							
1819 Peachtree Pd., NE	1819 Reachtrec	Kd, NE			_			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	97.1 a.12 a.al	DO NOT WRIT	E IN THIS SPAC	Έ			
Peacintree Hairscides, Ste WDF City & State.	Reachtree Palicac	165, SIE WUT	4. FEI Number 58-202775	<u> </u>	I Ann	lied For		
Atlanta, GA	Atlanta, GA	i	4. FEI Number 58-2027753)	 	Applicable		
Zip Country	Zip	Country	5. Certificate of Status Desired		75 Addit	ional		
3D309 USA	30309	USA		Fee	Required			
6. Name and Address of Currer	nt Registered Agent	Name	7. Name and Address of New R	egistered Ager	it			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. SUITE 105 1201 HAYS STREET		Idailie	Name					
		Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301								
		City		FL	Zip Code			
8. The above named entity submits this statement	for the purpose of changing its r	egistorod office or regis	etorod agent, or both, in the State of Ele	orida				
. The above harried entity soonits this statement	nor the purpose of changing his h	egistered office or regis	stered agent, or both, in the state of the	maa.				
SIGNATURE	ent and title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)	DATE				
 This corporation is eligible to satisfy its Intangile Tax filing requirement and elects to do so. 		! FEE IS \$150.00)1 Fee will be \$550.0	10. Election Campaign Fir			May Be		
(See criteria on back)	_	e to Department of \$	I Trust Fulla Collinaulie	n. 🗆	Added	to Fees		
	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTORS	INI 11		
TI. OTTOLISA						11 N 1 1		
TITLE P			ADDITIONS/CHANGES TO OFF			□ Addition		
THE .	☐ Delete	TITLE		×	Change			
NAME BURKE, FRED P	☐ Delete	TITLE	where Pairsades #60	×	Change			
NAME STREET ADDRESS BURKE, FRED P PARK PALISADES #609, 1819	☐ Delete	TITLE NAME		×	Change	☐ Addition		
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of the corporation or the receiver or trusted empowered to execute this report changed, or on an attachment with an additions, will all other like empowered. to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OF PHIN ED NAME OF SIGNING OFFICER OR DIRECTOR

404.351.8366