

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003216

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 of Business

Mailing Address

PARK PALISADES/SUITE 609
1819 PEACHTREE ROAD
ATLANTA GA 30309

PARK PALISADES/SUITE 609
1819 PEACHTREE ROAD
ATLANTA GA 30309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1819 Peachtree Rd., NE

3. Mailing Address

1819 Peachtree Rd., NE

Suite, Apt. #, etc.

Peachtree Palisades, Ste 609

Suite, Apt. #, etc.

Peachtree Palisades, Ste 609

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30309

Country

USA

Zip

30309

Country

USA

4. FEI Number 58-2027753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
SUITE 105
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BURKE, FRED P
PARK PALISADES #609, 1819 PEACHTREE ROAD
ATLANTA GA 30309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
Peachtree Palisades #609, 1819 Peachtree Rd.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MORRIS, DAVID K
PARK PALISADES #609, 1819 PEACHTREE ROAD
ATLANTA GA 30309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
Peachtree Palisades #609, 1819 Peachtree Rd.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David K. Morris, VP

2-27-01

Date

404-351-8366

Daytime Phone #

CR2E034 (10/00)