

DOCUMENT # F94000005384

1. Entity Name

DSG DRUGS, INC.

[REDACTED]

Principal Place of Business	Mailing Address
9102 W. BAY HARBOR DRIVE BAY HARBOR FL 33154	9102 W. BAY HARBOR DRIVE BAY HARBOR FL 33154-3603

4. FEI Number	36-2486466	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

<p>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.</p>		
<p>SIGNATURE _____</p> <p>Signature, typed or printed name of registered agent and title if applicable.</p>	<p>(NOTE: Registered Agent signature required when reinstating)</p>	<p>DATE _____</p>

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC GOLDBERG, DAVID 9102 W. BAY HARBOR DRIVE BAY HARBOR FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROZOFF, JANE 1264 LINDEN AVENUE HIGHLAND PARK IL 60035 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: David Goldberg *David S. Goldberg* 5/17/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #