

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001578

1. Entity Name  
D & K HEALTHCARE RESOURCES, INC.

Principal Place of Business Mailing Address  
8000 MARYLAND AVENUE 8000 MARYLAND AVENUE  
ST LOUIS MO 63105 ST LOUIS MO 63105

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 43-1465483 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

## 7. Name and Address of New Registered Agent

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

TITLE PD  
NAME WILSON, MARTIN D  
STREET ADDRESS 8000 MARYLAND  
CITY-ST-ZIP ST LOUIS MO

☐ Delete

TITLE SVCF  
NAME HILTON, THOMAS  
STREET ADDRESS 8000 MARYLAND STE 920  
CITY-ST-ZIP SAINT LOUIS MO 63105

☐ Delete

TITLE S  
NAME BENJAMIN, LEONARD  
STREET ADDRESS 8000 MARYLAND STE 920  
CITY-ST-ZIP SAINT LOUIS MO 63105

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
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:

Martin D. Wilson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90368 034 \*\*\*550.00

759316



DO NOT WRITE IN THIS SPACE

068163

CR2E034 (10/00)

Payment Attachment

Check No. - 30006654  
 Check Date - 05/17/01  
 Page 1 of 1

176006 Florida Department Of State  
 Invoice  
 Invoice Number

Remark	Date	Gross	Deductions	Amount Paid
2001 UBR	05/01/01	550.00		550.00
		550.00		550.00

Attachments

# F98000001578  
 769316