

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90174 037 ***550.00

0651971 AT

DOCUMENT # F98000001578

1. Entity Name

D & K HEALTHCARE RESOURCES, INC.



Principal Place of Business

**8000 MARYLAND AVENUE
ST LOUIS MO 63105**

Mailing Address

**8000 MARYLAND AVENUE
ST LOUIS MO 63105**

2. Principal Place of Business

8235 Forsyth Blvd

3. Mailing Address

8235 Forsyth Blvd

Suite, Apt. #, etc.

10th Floor

Suite, Apt. #, etc.

10th Floor

City & State

St. Louis MO

City & State

St. Louis MO

Zip

63105

Country

USA

Zip

63105

Country

USA

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark D Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

5-21-03

CR2E034 (10/02)

Attachment #

80122214
F98000001578

FEES 5/03 05/16/03 151753

176006 Florida Department Of State
Invoice Invoice D&K Document
Number Date Number

Payment Attachment

Remark

Gross

Deductions

Amount Paid

550.00
550.00

550.00
550.00

Check No. - 30016034
Check Date - 05/20/03
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