

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005361

1. Entity Name

COX NUCLEAR PHARMACY, INC.

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90171 022 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2420-2 EXECUTIVE PLAZA PENSACOLA FL 32503		Mailing Address 28616 DAUPHIN ST K MOBILE AL 36606	
2. Principal Place of Business		3. Mailing Address 825 Executive Park Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Mobile, AL	
Zip	Country	Zip 36606	Country
4. FEI Number 63-1064523		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MONTHGOMERY, MIKE 2420-2 EXECUTIVE PLAZA PENSACOLA FL 32513		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 re-registering)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 COX, WILLIAM J 2868 DAUPHIN ST., STE., K MOBILE AL 36606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	825 Executive Dr. Mobile, AL 36606 <input checked="" 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
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
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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/02

251-471-5445

Daytime Phone #

CR2E034 (4/02)



Attchment

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 31, 2002

COX NUCLEAR PHARMACY, INC.
825 EXECUTIVE PARK DR
MOBILE, AL 36606

Subject: **COX NUCLEAR PHARMACY, INC.**

Reference Number: **F98000005361**

676653

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JC

ANNUAL REPORTS SECTION

Enclosed is a copy of the annual report/uniform business report.

Please sign and return your check submitted with the annual report/uniform business report.