

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

09-20-2004 90003 038 \*\*\*550.00

DOCUMENT # *P99 0000 05022*

1. Entity Name

*Pharmaceutical Resource Corporation*



**DO NOT WRITE IN THIS SPACE**

**54073214**

2. Principal Place of Business

*9148 Bonita Beach Rd.*

Suite, Apt. #, etc.

*Suite 209*

City & State

*Bonita Springs, FL*

Zip

*34135*

Country

*USA*

3. Mailing Address

*358 S. Warminster Rd.*

Suite, Apt. #, etc.

City & State

*Harboro, PA*

Zip

*19040*

Country

*USA*

4. FEI Number

*23-2769230*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**

**Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

*9148 Bonita Beach Rd.*

*Suite 209*

City

*Bonita Springs*

**FL**

Zip Code

*34135*

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

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*President  
Patricia B. Monteforte  
390 Foxcroft Drive  
Ivyland, PA 18974*

TITLE  
NAME  
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CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/15/04*

Date

*215.293.4900*

Daytime Phone #

CR2E034B (12/02)