

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

DOCUMENT # P99 0000 05022

1. Entity Name

Pharmaceutical Resource Corporation



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

09-20-2004 90003 038 ***550.00

DO NOT WRITE IN THIS SPACE

54073214

2. Principal Place of Business

9148 Bonita Beach Rd.
Suite 209

City & State

Bonita Springs, FL

Zip 34135

Country USA

3. Mailing Address

358 S. Warminster Rd.

Suite, Apt. #, etc.

City & State
Habboro, PA
Zip 19040

Country USA

Zip 34135

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 re-issuing)

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

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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 Farcroft Drive
Ivyland, PA 18974

TITLE
NAME
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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/09

215293 4900

Date

Daytime Phone #

CR2E034B (11/2002)