

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90950 001 ***300.00

DOCUMENT # F99000005974 1. Entity Name DRUGMAX, INC.					
Principal Place of Business 12505 STARKEY ROAD STE A LARGO, FL 33773		Mailing Address 12505 STARKEY ROAD STE A LARGO, FL 33773			
2. Principal Place of Business 25400 US HWY 19 N. Suite, Apt. #, etc. Suite 137 City & State Clearwater FL Zip 33763		3. Mailing Address same Suite, Apt. #, etc. City & State Zip Country US			
4. FEI Number 34-1755390		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent ESQUIVEL, JULIO C SHUMAKER, LOOP & KENDRICK, LLP 101 E. KENNEDY BLVD. STE 2800 TAMPA, FL 33602			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 _____ (NOTE: Registered Agent's signature required when resigning) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATTERS, STEPHEN M 12505 STARKEY ROAD STE A LARGO, FL 33773	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Martin Sperber 25400 US Hwy 19 N, Ste 137 Clearwater FL 33763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, HOWARD L 701 SPOTTIS WOODS LANE CLEARWATER, FL 33766	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Laughrey, Robert 25400 US Hwy 19 N., Ste 137 Clearwater FL 33763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, JEFFREY K 1343 MAIN STREET SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sushil Suri 25400 US Hwy 19 N, Ste 137 Clearwater FL 33763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PATRICK, RONALD J 12505 STARKEY RD STE A LARGO, FL 33773	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CFO Ronald J. Patrick 25400 US Hwy 19 N., Ste 137 Clearwater FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANEJA, JUGAL K 6950 BRYAN DAIRY ROAD LARGO, FL 33777	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LAGAMBA, WILLIAM L 25400 US HWY 19 N., Ste 137 Clearwater FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/29/03 (727) 533-0431 William Lagamba Date Daytime Phone #		

CR2E034 (10/02)