

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # G12039

1. Entity Name

BAYSIDE DRUGS, INC.

Seal of the State of Florida

Principal Place of Business

Mailing Address

12071 INDIAN ROCKS RD
LARGO FL 33774
US

12071 INDIAN ROCKS RD
LARGO FL 33774
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

KAHN, GARY MARTIN
12071 INDIAN ROCKS RD
LARGO FL 33774

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, typewritten or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VS	☐ Delete	TITLE		☐ Change ☐ Add
NAME	KAHN, SUE ILENE		NAME		
STREET ADDRESS	1852 DEL ROBLES TERR		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33764		CITY-ST-ZIP	11000011457185 03/16/06 80059-021 150.00	
TITLE	PT	☐ Delete	TITLE		☐ Change ☐ Add
NAME	KAHN, GARY MARTIN		NAME		
STREET ADDRESS	1852 DEL ROBLES TERR		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 00000 33764		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

DATE: 3-15-06

741-501-9909