2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2000 8:00 am Secretary of State **DOCUMENT # G80049** 1. Entity Name CANADAY'S PHARMACY, INC. 04-26-2000 90160 041 ***150.00 Principal Place of Business Mailing Address C/O JOHN W. WETMORE 5103 PALMETTO AVENUE 5103 PALMETTO AVE. FORT PIERCE FL 34982-7266 FORT PIERCE FL 34982 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2368207 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WETMORE, JOHN W. Street Address (P.O. Box Number is Not Acceptable) 800 VIRGINIA AVENUE, STE 33 FORT PIERCE FL 34982 Zip Code City FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. \overline{PD} ☐ Delete Change ☐ Addition TITLE WETMORE, JOHN W. NAME NAME 5103 PALMETTO AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL ☐ Change □ Addition ☐ Delete TITLE TITLE WETMORE, JUDY C. NAME NAME 5103 PALMETTO AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL CITY-ST-ZIP Addition Delete TITLE 🔲 Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition