## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 17, 2003 8:00 am Secretary of State

DOCUMENT # H07652  1. Entity Name D & K DRUGS, INC.				04-17-2003 90196 024 ***150.00
Principal Place of Business  1209 DELAWARE AVE FT PIERCE FL 34950  US  Mailing Address 1209 DELAWARE AVE FT PIERCE FL 34950  US				DESERVATION OF THE PERMANENT OF THE PERM
2. Principal Place of Business 3. Mailing Address			** *** **** **** **** **** **** **** ****	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-2424416 Applied For Not Applicable
Zip	Country	Zíp	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
CODMAN.	PORCET		Name	The second secon
GORMAN, ROBERT J.  Street Address (P.O. Box Number is Not Acceptable)  1209 DELAWARE AVE				
FT. PIERC	E FL 34950			
	,		City	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, typed or printed name of registered agent and bits if applicable. (NOTE: Registered Agent signature required when reinstating).  DATE				
## FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  ### Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PD SIANO, DOMINIC 2025 MIMOSA AVE FT PIERCE FL 34949	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition (20)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIANO, KATHY 2025 MIMOSA AVE. FT PIERCE FL 34949	□ Delete :	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition &
TITLE		☐ Defete	- TILE	Change Addition
STREET ADDRESS CITY-ST-ZIP	e y za nich minima za nich za	التاريخ ما <sub>الم</sub> وساطيطية لا يا والوالو <u>الربيد و المستد</u>	STREET ADDRESS CITY-ST-ZDP	اي - در وسيست و پيروه و د سره ويشون سنده و دهه گڼې و هې و انتخت سنده يو هم چه اي د چو اي ا آخت ايد
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CLEVEST AND	Change Addition
TITLE		☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADORESS	
TITLE		☐ Delete	CTY-SI-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	
	ertify that the information supplied with	this filing does not qualify for		Section †19.07(3)(i), Florida Statutes, I further certify that the information e same legal effect as if made under oath; that I am an officer or director
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that m wered to execute this report a	y signature shall have the is required by Chapter 6	e same legal effect as if made under oath; that I am an officer or director 07, Elorida Statutes; and that my name appears in Block 10 or Block 11 if



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

April 2, 2003

D & K DRUGS, INC. 1209 DELAWARE AVE FT PIERCE, FL 34950 US

Subject: D & K DRUGS, INC.

Reference Number:———H07652

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please note the money amounts differ on the check. The numeric and written amounts must be the same. Please send a corrected check for the proper amount.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/PC ANNUAL REPORTS SECTION