2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State
03-26-2001 90034 049 ***150.00

DOCUMENT # H78562

1. Entity Name

THE TOWERS PHARMACY, INC.

Principal Place of Business	Mailing Address
1717 N "E" ST., SUITE 320 PENSACOLA FL 32501-6335 US	1717 N "E" ST., SUITE 320 PENSACOLA FL 32501-6335 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Ste. 320 Attn. J. Kehoe
City & State	City & State: Pensacola, FL
Zip / Country	Zip: 32501 / Country: US

4. FEI Number 59-0057322 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RANELLI, EDWARD 1717 N. "E" STREET SUITE 320 PENSACOLA FL 32501	Name: Porter, John Street Address (P.O. Box Number is Not Acceptable): 1717 N. "E" St., Ste. 320 City: Pensacola **FL** Zip Code: 32501

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: John Porter — 3/20/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD RANELLI, EDWARD 4568 BOHEMIA PL PENSACOLA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Porter, John 1717 N. "E" St., Ste. 320 Pensacola, FL 32501	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILSON, ROBERT H 4791 TERRASANTA PENSACOLA FL 32504	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Yaden, Debra 1717 N. "E" St., Ste. 320 Pensacola, FL 32501	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MCGEE, ELEANOR 1540 GLENNA LANE CANTONMENT FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CARSON, VIVIAN 242 CABALLA LOOP PENSACOLA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIMAN, BOB 1717 N. "E" ST., STE. 320 PENSACOLA FL 32501	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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.

SIGNATURE: Debra Yaden — Debra Yaden, Asst. Sec. — 3/20/01 — 850/469-2339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #