2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2003
Secretary of State

DOCUMENT# K45205

Entity Name: MY PHARMACY HOME HEALTH CARE, INC.

Current Principal Place of Business:

15043 S. DIXIE HWY.
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

15043 S. DIXIE HWY.
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0090810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHIFF, JAMES M.
9100 S. DADELAND BLVD.
SUITE 1010
MIAMI, FL 33156

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WARSHOFSKY, GERALD,
Address: 15043 S. DIXIE HWY.
City-St-Zip: MIAMI, FL

Title: S ( ) Delete
Name: SMITH, ORIN,
Address: 15043 S DIXIE HWY
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD WARSHOFSKY P 01/07/2003

Electronic Signature of Signing Officer or Director — Date