## **2002 UNIFORM BUSINESS REPORT (UBR)** K75018 DOCUMENT #

FILED
Mar 04, 2002 8:00 am
Secretary of State
03-04-2002 90020 025 ***150.00

1. Entity Nar	<sup>me</sup> Onsultant Pharmacist,	INC				03-04-2002 9	0020 025	***150.0	00	
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2	22.25.27.23									
	ce of Business	Mailing Address								
4431:N.W. 7TH ST. COCONUT CREEK FL 33066			4431 N.W. 7TH ST. COCONUT CREEK FL 33066							
					) 1 1881 8111 8	 	     <b>       </b>	ALEN GIRNI BI	III BIBLI III	
2 Principal I	Place of Rusiness	3. Mailing Address								
		5. Walling Address			_					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SP.	ACE		
City & State		City & State	City & State		4. FEI Number	65-0108836			plied For t Applicable	
Zip Country		Zip	Zip Country		5. Certificate of	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent	·		7. Name and A	ddress of New R	egistered Ag	ent		
	DDV	1 - 1 -	Name						,	
TAFT, GARRY 4431 NW 7TH ST				Street Address	s (P.O. Box Number	is Not Acceptable	)			
	O BCH FL 33066		Ì							
الاراغ والمحاصر	Service Control of the Control of th	•	City				FL	Zip Code	,	
	e named entity submits this statement for	or the purpose of changing i	its registere	d office or regist	tered agent, or both,	in the State of Flo	rida.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	OTF: Oreless of	Apant elementa recuir	indbox coloutation)		DATE			
			OTE: nepistered	vice medicana radou	red when remstating)	•	DATE			
~9 -This corp	oration'is eligible to satisfy its Intangible			Agent signature requir		<del>-</del>	<del></del>	<del></del>		
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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:

GNING OFFICER OR DIRECTOR