

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000277

1. Entity Name

PALM PHARMACY COMPANY, L.L.C.

FILED

01 MAY 29 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

6401 Longcross Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#160

City & State

City & State

BOCA RATON FL

Zip

Country

Zip

Country

4. FEI Number

65-0976339

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JAY D. MUSSMAN

Street Address (P.O. Box Number is Not Acceptable)

3265 Meridian Parkway #114

City

WESTON

FL

Zip Code

33331

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

JAY D. MUSSMAN

5-25-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME JONATHAN A STEINER
STREET ADDRESS 2284 ALFORD WAY
CITY-ST-ZIP WPB FL 33414

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JONATHAN A STEINER, MGR 561-6623232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Quoting Person's

CR2E083 (11/00)