

2001 UNIFORM BUSINESS REPORT (UBR)

0012834 AF

DOCUMENT # L00000006558

1. Entity Name
ASSISTED LIVING PHARMACY ASSOCIATION, L.L.C.

FILED WL3/29

01 MAR 26 PM 3:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1800 N COMMERCE PARKWAY #2
WESTON FL 33326

Mailing Address

1800 N COMMERCE PARKWAY #2
WESTON FL 33326

2. Principal Place of Business

3265 Meridian Parkway

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1021772

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUSSMAN, JAY D
5801 NW 151 STREET
#101
MIAMI LAKES FL 33014

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-01

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME KUSHER, ROBERT
STREET ADDRESS 1800 N COMMERCE PARKWAY #2
CITY-ST-ZIP WESTON FL 33326

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 3265 Meridian Parkway #114
CITY-ST-ZIP WESTON FL 33331
300003932183-18
-03/30/01--01095--031
*****50.00 *****50.00

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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:

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

Date

Daytime Phone #

Robert KUSHER, MGR 3-20-01 954-6591699

CR2E083 (11/00)