2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L00000013443

1. Entity Name
AMERICAN ASTHMA PHARMACY, LLC

Principal Place of Business 100 EAST LINTON BLVD., STE 205B DELRAY BEACH FL 33483	Mailing Address 100 EAST LINTON BLVD., STE 205B DELRAY BEACH FL 33483

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number
65-1047354

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVINE, MORDECAI 555 OLD SCHOOL RD. GULF STREAM FL 33483	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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 _____
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 MANAGER NAME HARMON-LEVINE LLC STREET ADDRESS 555 OLD SCHOOL ROAD CITY-ST-ZIP GULF STREAM FL 33483 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS 400003708974---1 CITY-ST-ZIP -02/19/01--01020--016 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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

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 REQUIRED_   2/1/01   561-265-2965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (11/00)