

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019456

1. Entity Name
INTERNATIONAL PHARMACISTS RECRUITMENT, LLC

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90090 024 ****50.00

0010427

Principal Place of Business
2875 SOUTH OCEAN BLVD., STE. 202
PALM BEACH FL 33480

Mailing Address
2875 SOUTH OCEAN BLVD., STE. 202
PALM BEACH FL 33480

980677

2. Principal Place of Business
2875 South Ocean Blvd.

Suite, Apt. #, etc.

SUITE 212

City & State

PALM BEACH FL

Zip

33480

Country

USA

3. Mailing Address
2875 South Ocean Blvd

Suite, Apt. #, etc.

SUITE 212

City & State

PALM BEACH FL

Zip

33480

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1154614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAUERBERG, ERIC M
200 VILLAGE SQUARE CROSSING, STE. 102
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name
ROBERT ROSS

Street Address (P.O. Box Number is Not Acceptable)
3140 SOUTH OCEAN BLVD

City
PALM BEACH

FL

Zip Code
33480

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert Ross

ROBERT ROSS, PRESIDENT

X

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
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVP ST
ROBERT ROSS
3140 SOUTH OCEAN BLVD
PALM BEACH, FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Robert Ross

SIGNATURE REQUIRED ROBERT ROSS

X 9/15/02

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

Date

Daytime Phone #

CR2E083 (4/02)

CORNELIUS J. CONLON
CERTIFIED PUBLIC ACCOUNTANT

100 AUSTIN PLAZA - SUITE 1
PATCHOGUE, NEW YORK 11772

(631) 758-1167
FAX (631) 758-3086

ed Hachment
980677

L01000019456

International Pharmacists Recruitment, LLC
2875 South Ocean Blvd. Ste 212
Palm Beach, FL 33480

July 25, 2002

INSTRUCTIONS FOR FILING PROFIT LIMITED LIABILITY COMPANY ANNUAL
REPORT

Sign and date at the bottom of the form. Enclose a check for \$50.00 payable to "Department of
State" and mail in the enclosed envelope no later than September 25, 2002 to:

Limited Liability Corporation
Division of Corporations
P O Box 6478
Tallahassee, FL 32314-6478

Be sure to write you FEI number on the face of your check.

If you have any questions, please do not hesitate to call.

Sincerely,

Neil Conlon