## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# L02000003415

Entity Name: GIANT PHARMACY LLC

City-St-Zip:

FILED Apr 30, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5400 S. UNIVERSITY DRIVE 1455 N. PARK DR. SUITE 107 WESTON, FL 33327 DAVIE, FL 33328 **Current Mailing Address: New Mailing Address:** 5400 S. UNIVERSITY DRIVE 1455 N. PARK DR SUITE 107 WESTON, FL 33327 DAVIE, FL 33328 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHERWIN P. SIMMONS, P.A. 200 S. BISCAYNE BLVD. SUITE 4000 MIAMI, FL 33131 US 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: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS:** ADDITIONS/CHANGES: () Delete MGRM ( ) Change (X) Addition CHHABRA, VINCENT K Name: Name: Address: Address: 1455 N. PARK DR. City-St-Zip: City-St-Zip: WESTON, FL 33327 Title: Title: MGRM ( ) Change (X) Addition ( ) Delete Name: Name: FARUQUI, SABINA Address: Address: 1455 N. PARK DR.

City-St-Zip:

WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SABINA FARUQUI MGRM 04/30/2003