

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90687 030 \*\*\*\*50.00

**DOCUMENT # L02000020072**

1. Entity Name  
**MEDLINE RX FINANCIAL, LLC**



Principal Place of Business  
**4000 HOLLYWOOD BLVD., STE. 435 SO.  
HOLLYWOOD, FL 33021**

Mailing Address  
**4000 HOLLYWOOD BLVD., STE. 435 SO.  
HOLLYWOOD, FL 33021**

2. Principal Place of Business  
**1290 Weston Road**

3. Mailing Address  
**13808 SW 42 St**



☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.  
**Suite 214**

Suite, Apt. #, etc.  
**#**

City & State  
**Weston, FL**

City & State  
**Davie, FL**

4. FEI Number  
**27-0027463**

Applied For  
☐ Not Applicable

Zip  
**33326**

Country  
**US**

Zip  
**33330**

Country  
**US**

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

**COHEN, MARK D ESQ.  
MARK D. COHEN, P.A.  
4000 HOLLYWOOD BLVD., STE. 400 NO.  
HOLLYWOOD, FL 33021**

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

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GANCI, PAUL  
4000 HOLLYWOOD BLVD., STE. 435 SO.  
HOLLYWOOD, FL 33021**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1290 Weston Road, Suite 214  
Weston, FL 33326**

☒ 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  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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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:

**Paul Ganci** **PAUL Ganci**

**3/24/03 954.684.2562**

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

Date

Daytime Phone #

CR2E083 (10/02)