

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

02-27-2003 90005 021 ***150.00

DOCUMENT # L02000022364

1. Entity Name

NEBMED PHARMACY LLC



Principal Place of Business

Mailing Address

1100 BARNETT DRIVE
C/O MILLENNIUM MEDICAL SUPPLIES
LAKE WORTH FL 33461

1100 BARNETT DRIVE
C/O MILLENNIUM MEDICAL SUPPLIES
LAKE WORTH FL 33461

2. Principal Place of Business

3. Mailing Address

3222 S. Dixie Highway

3222 S. Dixie Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A

A

City & State

WPA, FL

City & State

WPA, FL

Zip

33405

Country

US

Zip

33405

Country

US

4. FEI Number

06-166112

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD.
100 MIAMI CENTER
MIAMI FL 33131

Name

Michael J Russo

Street Address (P.O. Box Number is Not Acceptable)

3222 S. Dixie Highway

City

W. Palm Beach

FL

Zip Code

33405

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

Michael J Russo

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

(NOTE: Registered Agent signature required when reinstating)

2/19/03

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: CEO - President
NAME: Jeff Cording
STREET ADDRESS: 15356 Alexander Run
CITY-ST-ZIP: Jupiter FL 33461

☐ Delete

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

TITLE: CFO - Vice President
NAME: Michael J Russo
STREET ADDRESS: 1412 Lake Bass Dr
CITY-ST-ZIP: Lw FL 33461

☐ Delete

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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:

Michael J Russo

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

2/19/03 (561) 721-0662

Date

Daytime Phone #

CR2E083 (10/02)