04-30-2003 14:32 FROM-Jonathan Shepard

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90576 020 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000026122

1. Entity Name

DISCOUNT DRUGS OF CANADA, LLC

30066631

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5300 W. Atlantic Ave	Same
Suite, Apt. #, etc. 102	Suite, Apt. #, etc.
City & State: Delray Beach, Fl	City & State
Zip: 33484 County: Palm Beach	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0547124 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Earle M Turow
Street Address (P.O. Box Number is Not Acceptable): 5300 W Atlantic Ave Suite 102
City: DelRay Beach FL Zip Code: 33484

DO NOT WRITE IN THIS SPACE

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] Earle M Turow DATE

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	Pres-Chairman	TITLE	Vice President
NAME	Earle M Turow	NAME	Louis Orenstein
STREET ADDRESS	5300 W. Atlantic Ave ste 102	STREET ADDRESS	5300 W. Atlantic Ave ste 102
CITY-ST-ZIP	Delray Beach Fl 33484	CITY-ST-ZIP	Delray Beach, Fl 33484
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E063B (12/02)

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: Earle M. Turow [signature] 4/30/03 561-498-0113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #