

FILED
Sep 11, 2003 8:00 am
Secretary of State

03-06-2003 90004 007 ****55.00

08-22-2003 90075 018 ****55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000029889

1. Entity Name

TOTAL PHARMACY NETWORK, LLC



Principal Place of Business

4949 S.W. 74TH COURT
MIAMI FL 33155

Mailing Address

4949 S.W. 74TH COURT
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

PO Box 558728

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, Florida

Zip

Country

Zip

Country

33255

USA

4. FEI Number

30-0130146

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

DELGADO, GABRIEL A
4949 S.W. 74TH COURT
MIAMI FL 33155

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DELGADO, GABRIEL A
8235 S.W. 92ND STREET
MIAMI FL 33158 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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:

SIGNATURE REQUIRED

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

8/20/03

Date

Daytime Phone #

CR2E083 (4/03)