

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90091 033 \*\*\*150.00

**DOCUMENT # L17195**

1. Entity Name  
**MEDICATION PLUS OF FLORIDA, INC.**

Principal Place of Business <b>385 GULFVIEW LANE          PENSACOLA FL 32507          US</b>	Mailing Address <b>PO BOX 3046          COVINGTON LA 70434          US</b>
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**00030068**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2967228</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MASSEY, H GEORGE J          385 GULFVIEW LANE          PENSACOLA FL 32507</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MASSEY, G.H., JR.</b>		NAME		
STREET ADDRESS	<b>200 LION DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COVINGTON LA</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MASSEY, SHARRON B</b>		NAME		
STREET ADDRESS	<b>200 LIONS DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COVINGTON LA</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: 3/27/01 Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)