

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002529

1. Entity Name: PHARMCO FLORIDA SERVICES, L.L.C.

FILED

00 MAR -7 AM 9:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
8060 BRYAN DAIRY WEST, SUITE B
LARGO FL 33777

Mailing Address
9875 REDHILL DRIVE
CINCINNATI OH 45242-5626



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3543511

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~VIENS, DAVID~~
~~8060 BRYAN DAIRY WEST, SUITE B~~
~~LARGO FL 33777~~

Name
Curt Ayers

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

8060 Bryan Dairy Rd, Suite B

City
Largo

FL

Zip Code
33777

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-21-00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME WHITEHEAD, GARY R
STREET ADDRESS 9875 REDHILL DRIVE
CITY-ST-ZIP CINCINNATI OH 45242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME KOHN, BARRY
STREET ADDRESS 6210 CLEVES-WARSAW ROAD
CITY-ST-ZIP CINCINNATI OH 45233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME FARLEY, JAMES
STREET ADDRESS 7265 KENWOOD RD., SUITE 300
CITY-ST-ZIP CINCINNATI OH 45236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME SMITH, DAVID
STREET ADDRESS 1 MCKNIGHT PLACE
CITY-ST-ZIP ST LOUIS MO 63124

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME VIENS, DAVID
STREET ADDRESS 8060 BRYAN DAIRY WEST, SUITE B
CITY-ST-ZIP LARGO FL 33777

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2-21-00

Date

Daytime Phone #

CR2E083 (9/99)