

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

M02000000781

1. Entity Name
PETNET/PHARMALOGIC, LLC

FILED

01 APR 23 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1 SOUTH OCEAN BLVD., STE. #206
BOCA RATON FL 33432

Mailing Address
1 SOUTH OCEAN BLVD., STE. #206
BOCA RATON FL 33432

2. Principal Place of Business

1300-02 W. McDade Rd
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

7th. Lauderdale, FL

City & State

4. FEI Number 65-0911152

Applied For
Not Applicable

Zip

33309

Country

USA

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

CHATOFF, HOWARD
1 SOUTH OCEAN BLVD., STE. #206
BOCA RATON FL 33432

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.

SIGNATURE

Signature, typed or printed name of registered agent and date is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM POSITION ENTERPRISES, LLC
1 SOUTH OCEAN BLVD., STE. #206
BOCA RATON FL 33432 ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM PETNET PHARMACUTICAL
3571 PEACHTREE PARKWAY, SUITE C
SUWANEE GA 30024 ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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TITLE NAME STREET ADDRESS 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

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

Date

Daytime Phone #

CR2E083 (11/00)