

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M34674

1. Corporation Name

SUNCOAST PHARMACY, INC.

FILED

02 OCT 25 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

9060 KIMBERLY BLVD
SUITE 38
BOCA RATON FL 33434
US

Mailing Address

9060 KIMBERLY BLVD.
SUITE 38
BOCA RATON FL 33434
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/1986

5. FEI Number

59-2701205

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PD

ACKERMAN, HOWARD

10289 SPYGLASS WAY

BOCA RATON FL

STD

ACKERMAN, ARLENE

10289 SPYGLASS WAY

BOCA RATON FL

500008594675

10/25/02-01066-017 **150.00

OZUBIK

8. Name and Address of Current Registered Agent

BLOCH, STUART E
C/O BLOCH & MINERLEY, P.L.
980 N FEDERAL HWY
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/21/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-21-2002

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Suncoast Pharmacy

Reinstatement

To: Div of Corporations

From: Pete Finneran

Date: 10/21/02

Re: Annual Report/Uniform Business Report

On April 15, 2002 Suncoast Pharmacy, Inc. mailed to the Department of State a check in the amount of \$150.00 for the annual reports/uniform business reports fee. Today we were informed this check was never received and after talking with Andy from your department I have enclosed another check for this amount with the proper paper work attached.

Thank you



Pete Finneran

VP of Administration

Suncoast Pharmacy