FILED Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90193 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

M34674 **DOCUMENT#**

1. Entity Name

SUNCOAST PHARMACY, INC.



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Zip Country 7/p Country 5-2701205 Applicable September Septe	Conto, ript. w, oto.		Suite, Apr. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
September of the college of the coll			City & State		4. FEI Number 59-2701205		
Name and Address of Current Registered Agent	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
BLOCH, STUART E C/O BLOCH & MINERLEY, P.L. 980 N FEDERAL HWY BOCA RATION FL 33432 6. 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 with a variety of the obligations of registered agent. SIGNATURE Symbles booked ported when riveglesced agent with 9 x 550,00 May Be will be \$550,00 May Perform 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. File Now!! File State State State State State State State Sta	6. Name and Address of Current Registered Agent			<u></u>	7 Name and Address of New Posistered		
C/O BLOCH & MINERLEY, P.L. 980 N FEDERAL HWY BOCA RATION FL 38432 City FL City		The same of	manager of the state of the sta	Name	Thank and Address of New Registered	Agent	
BOOK RATON FL 33432 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. It am familiar with, and accept the obligations of registered agent. ### FILE NOW!!! FEE IS \$150.00 ### Added to Fees ##				Street Address	(PO Boy Number in Net Assessable)		
BOCA RATON FL 33432 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 Signatu	· ·			Olloct Address	Officer Address (F.O. Box Number is Not Acceptable)		
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Spenture, typed or precedurance of registered agent and take it applicable. PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME NAME ACKERMAN, HOWARD SIRRET ADDRESS OTHY-ST-ZP BOCA RATION FL STRET ADDRESS OTHY-ST-ZP BOCA RATION FL ORDINARY O						***	
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 Symptom inped or pretect remore of registered agent and site if apprisonly.	BUCA HATUN FL 33432			City	FI	Zip Code	
SIGNATURE Sprindown, typeed or powered name of registeerd aport and tile d apprication. (NOTE Registeerd Agent signature replieted when retrizations) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Physible to Floridab Department of State	8. The above	named entity submits this statement	for the purpose of changing it	ts registered office or registe			
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12 indicated on this report or supplied with this filling 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 perfort as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

STUMAT

Daytime Phone #