

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

0046074 AV

DOCUMENT # **M69174**

1. Entity Name
PREFERRED PHARMACY, INC.



04-11-2003 90185 001 ***150.00

Principal Place of Business
3375-I CAPITAL CIR NE
TALLAHASSEE FL 32308

Mailing Address
3375-I CAPITAL CIR NE
TALLAHASSEE FL 32308

20028950



2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3019779** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
FUCARINO, DAN 3375-I CAPITAL CIR NE TALLAHASSEE FL 32308				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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SD	<input type="checkbox"/> Delete FUCARINO, DAN 10205 LAKE CARROLL WAY TAMPA FL	TITLE CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FUCARINO, DAN 3375-I CAPITAL CIRCLE, NE TALLAHASSEE, FL 32308
TITLE TD	<input checked="" type="checkbox"/> Delete BROWNING, GEORGE 141 E. HIBISCUS AVE MELBOURNE FL	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete BURNSIDE, BOB 3375-I CAPITAL CIRCLE NE TALLAHASSEE FL 32308	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BURNSIDE, Robert H. 3375-I Capital Circle, NE Tallahassee, FL 32308
TITLE P	<input type="checkbox"/> Delete TANNER MUNCY, CYNTHIA 3375-I CAPITAL CIRCLE NE TALLAHASSEE FL 32317	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tanner-Mincy, Cynthia 3375-I Capital Cir, NE Tallahassee, FL 32308
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY PARKER, RON 3375-I CAPITAL CIRCLE, NE TALLAHASSEE, FL 32308
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE FORWARDED BY Date: 4-9-03 Daytime Phone #: 656-0100

CR2E034 (10/02)