

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -5 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000525

1. Entity Name

AAS PHARMACY SERVICES, LLC

Principal Place of Business

10620 COLONEL GLENN RD
SUITE B
LITTLE ROCK AR 72204

Mailing Address

4936 BLAZER PKWY
SUITE B
DUBLIN OH 43017-3305

2. Principal Place of Business

3. Mailing Address

3201 ENTERPRISE PKY #220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BEACHWOOD, OH

Zip

Country

Zip

Country

44122

4. FEI Number

62-1742152
-APPLIED FOR-

Applied For

Not Applicable

5. Certificate of Status Desired ☒ Additional Fee Required

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1200 HAYS STREET
TALLAHASSEE FL 32301

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 title if 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 MGR BYRUM, WILLIAM B
STREET ADDRESS 2301 ENTERPRISE PARKWAY, SUITE 220
CITY-ST-ZIP BEACHWOOD OH 44122 ☐ Delete

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

TITLE NAME MGR STETHEM, GERALD D
STREET ADDRESS 2301 ENTERPRISE PARKWAY, SUITE 220
CITY-ST-ZIP BEACHWOOD OH 44122 ☐ Delete

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

TITLE NAME MGR BIRKETT, CHARLES W
STREET ADDRESS 277 MALLORY STATION ROAD, SUITE 130
CITY-ST-ZIP FRANKLIN TN 37067 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700003275387-6
CITY-ST-ZIP -06/02/00--01090--014
*****50.00 *****50.00

TITLE NAME MGR VERBANIC, JO ANN
STREET ADDRESS 277 MALLORY STATION ROAD, SUITE 130
CITY-ST-ZIP FRANKLIN TN 37067 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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

Date

Daytime Phone #

REQUIRED

4/24/00

CR2E081 (9/97)