

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007441

FILED
Sep 13, 2002
Secretary of State

Entity Name: FIRST CHOICE CONSULTANT PHARMACY SERVICES, INC.

Current Principal Place of Business:

2667-4 DUNN AVE
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 77553
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 59-3649745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWRENCE, D. ELAINE
10841 BISCAYNE BLVD.
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

NEAL, ELLA M
10841 BISCAYNE BLVD.
JACKSONVILLE, FL 32218 US

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: ELLA MAE NEAL

09/13/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR () Change (X) Addition
Name: ANDREWS, GLADENE
Address: 8167 WAXWING AVE
City-St-Zip: JACKSONVILLE, FL 32219

Title: DIR () Change (X) Addition
Name: MOSLEY, JORDAN N
Address: 1358 HIGH PLAINS DR. N
City-St-Zip: JACKSONVILLE, FL 32218

Title: DIR () Change (X) Addition
Name: LAWRENCE, ROLAND L SR
Address: 1358 HIGH PLAINS DR. N
City-St-Zip: JACKSONVILLE, FL 32218

Title: PRES () Change (X) Addition
Name: NEAL, ELLA M
Address: 8167 WAXWING AVE
City-St-Zip: JACKSONVILLE, FL 32219

Title: VP () Change (X) Addition
Name: LAWRENCE, D E
Address: 10841 BISCAYNE BLVD
City-St-Zip: JACKSONVILLE, FL 32218

Title: DIR () Change (X) Addition
Name: NEAL, TONY
Address: 8167 WAX WING AVE
City-St-Zip: JACKSONVILLE, FL 32219

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLA MAE NEAL

PRES

09/13/2002

Electronic Signature of Signing Officer or Director

Date