

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003833

1. Entity Name

HPH PHARMACY AND MEDICAL EQUIPMENT, INC.

Principal Place of Business

12107 MAJESTIC BLVD.
HUDSON FL 34667

Mailing Address

12107 MAJESTIC BLVD.
HUDSON FL 34667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3582850

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

TAYLOR, RODNEY
12107 MAJESTIC BLVD
HUDSON FL 34667

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME GRUEBEL, KENNETH
STREET ADDRESS 6000 FALL RIVER DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

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

TITLE VPD ☒ Delete
NAME BLACK, WAYNE
STREET ADDRESS 2829 KINGSWOOD CIRCLE
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☒ Change ☐ Addition
NAME McHugh, Michael
STREET ADDRESS 5397 Patricia Drive
CITY-ST-ZIP Spring Hill, FL 34607

TITLE SD ☒ Delete
NAME FULLER, STEPHANIE
STREET ADDRESS 10531 FARNAM CT
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☒ Change ☐ Addition
NAME Fleck, Patricia
STREET ADDRESS 5466 Spring Hill Drive
CITY-ST-ZIP Spring Hill, FL 34606

TITLE TD ☐ Delete
NAME CAWLEY, JAY
STREET ADDRESS 8105 ROXBORO DR
CITY-ST-ZIP HUDSON FL 34667

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02

863-7971

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE