	2 UNIFORM BUS	SINESS REP	ORT (III	RR)	,	
	JMENT # <b>N99000</b>	·				
1. Entity Na	ame					
CENTRAL FLORIDA PHARMACY ASSOCIATION CORP.					FILED	
Principal Place of Business		Mailing Address			O2 APR 16 PM 4: N1	
304 SANDPIPER COURT CASSELBERRY FL 32707		5703 RED BUG LAKE RD PMB 281 WINTER SPRINGS FL 32708				
US		US	US		SECRETARY OF TALLAHASSEE, I	STATE FLORIDA
2. Principal	I Place of Business	3. Mailing Address				# <b>##</b> #################################
871 (	Cool Springs Curcle	same o	is about		018 18118 10111 BB111 BB111 88111 BB11	(
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN TH	IIS SPACE
City & State		City & State		4. FEI Numbe	4. FEI Number	
Zip 3476	Country	Zip	Country	5. Certificate	of Status Desired	Not Applicable \$8.75 Additional
	6. Name and Address of Current	   Registered Agent			Address of New Registere	Fee Required
			Name	SPIEGEL & UTRE	·	-a Agent
	& UTRERA, P.A.		Street Address		r is Not Acceptable)	
	eria avenue Gables fl 33134				22 Street	
COINE	ACCEO 1 E 50 104		City	4th Floor		Zip Code
8. The abov	re named entity submits this statement for	or the purpose of changing its	registered office	Miami	in the state of Florida	Zip Code 33145
	Spiegel & Utrera, P.	A. (?)		or regiotered agent, or both	, in the state of Florida,	+ L="
SIGNATURE	The MALE TO LES	$\nu$				
	- <del>4.</del> <del>4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4</del>	VIM			april 12.	2002
	Natalia Otteraços Vice	offent (NOT	E: Registered Agent sign	nature required when reinstating)	april 12,	
	<del></del>		mpaign Financing		Make Che	
10.	FILE NOW: FEE IS \$61.25  OFFICERS AND DIR	9. Election Car Trust Fund C	mpaign Financing	\$5.00 May Be Added to Fees  ADDITIONS/CHA	Make Che Departm	ck Payable to ent of State
	FILE NOW: FEE IS \$61.25  OFFICERS AND DIF	9. Election Car Trust Fund (	mpaign Financing Contribution.	\$5.00 May Be Added to Fees  ADDITIONS/CHA	Make Che Departm	ck Payable to ent of State
10. TITLE NAME STREET ADDRESS	FILE NOW: FEE IS \$61.25  OFFICERS AND DIE PD ROSADO, CARMEN T 304 SANDPIPER COURT	9. Election Car Trust Fund ( RECTORS	mpaign Financing Contribution.	S5.00 May Be Added to Fees  ADDITIONS/CHA	Make Che Departm	ck Payable to nent of State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILE NOW: FEE IS \$61.25  OFFICERS AND DIE PD ROSADO, CARMEN T 304 SANDPIPER COURT CASSELBERRY FL 32707	9. Election Car Trust Fund C RECTORS	mpaign Financing Contribution.  11. TITLE NAME	S5.00 May Be Added to Fees  ADDITIONS/CHA  PUSICENT / D  TING 1. V 0  311 Coll Spring Ocace , C	Make Che Departm NGES TO OFFICERS AND I NTECTOR	ck Payable to nent of State
10. TITLE NAME STREET ADDRESS	FILE NOW: FEE IS \$61.25  OFFICERS AND DIE PD ROSADO, CARMEN T 304 SANDPIPER COURT	9. Election Car Trust Fund ( RECTORS	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	S5.00 May Be Added to Fees  ADDITIONS/CHA  PUSICENT / D  TIME ( . V i)  \$11 Call Spring Ococe for Ville Pusicent	Make Che Departm NGES TO OFFICERS AND I NTECTOR	ck Payable to nent of State
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FILE NOW: FEE IS \$61.25  OFFICERS AND DIR PD ROSADO, CARMEN T 304 SANDPIPER COURT CASSELBERRY FL 32707  V PHILLIPS, MARY 304 SANDPIPER COURT CASSELBERRY FL 32707 SD REYES, IDABELLE	9. Election Car Trust Fund C RECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	S5.00 May Be Added to Fees  ADDITIONS/CHA  PRISIDENT / D  Tina f. Vi  811 Call Sprin  OCOCE CL  VILL PRISIDENT  Jay Patch  1215 Fernicat  Orlando, CL  Scercialy / D  Town	Make Che Departm  NGES TO OFFICERS AND I  TO CHOCK  34761  TO CHOCK  32336  Tector	Ck Payable to sent of State  DIRECTORS IN 10  Change Addition  Change Addition
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

41102

107-428-2422