

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

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90171 008 ***150.00

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1. Entity Name
AXIUM HEALTHCARE PHARMACY, INC.



Principal Place of Business
3002 ASH PARK POINT
WINTER PARK FL 32792

Mailing Address
3002 ASH PARK POINT
WINTER PARK FL 32792



2. Principal Place of Business
285 W. Central Parkway
Suite, Apt. #, etc.
Suite 1720

3. Mailing Address
285 W. Central Parkway
Suite, Apt. #, etc.
Suite 1720

City & State
Altamonte Springs, FL
Zip
32714
Country
USA

City & State
Altamonte Springs, FL
Zip
32714
Country
USA

4. FEI Number 59-3622808

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUMMERVILLE, JAMES P
3002 ASH PARK POINT
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

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 *[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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	D	SUMMERVILLE, JAMES P	3002 ASH PARK POINT WINTER PARK FL 32792	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-20-03 407 86 57725

CR2E034 (10/02)