

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90027 018 ***150.00

DOCUMENT # P00000025486

1. Entity Name

PROSCRIPT PHARMACY SERVICES, INC.

Principal Place of Business

**5640 THORNBLUFF AVE.
 DAVIE FL 33331**

Mailing Address

**5640 THORNBLUFF AVE.
 DAVIE FL 33331**

2. Principal Place of Business

3732 SW 64 AVE

Suite, Apt. #, etc.

3. Mailing Address

3732 SW 64 AVE

Suite, Apt. #, etc.

City & State

DAVIE, FL.

City & State

DAVIE, FL.

4. FEI Number

65-0997674

Applied For

Not Applicable

Zip

33314

Country

BROWARD

Zip

33314

Country

BROWARD

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BROENNIMAN, MARGARET
 317 S.W. 22ND ST.
 FT. LAUDERDALE FL 33315**

7. Name and Address of New Registered Agent

Name

BRYAN T. McQUADE

Street Address (P.O. Box Number is Not Acceptable)

3732 SW 64 AVE

City

DAVIE

FL

Zip Code

33314

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

Bryan T. McQuade

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/01

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **PRESIDENT**
 STREET ADDRESS **BRYAN T. McQUADE**
 CITY-ST-ZIP **5640 THORNBLUFF AVE
 DAVIE, FL. 33331**

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bryan T. McQuade

BRYAN T. McQUADE

1/3/01

954-7975041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

CR2E034 (10/00)

0274811