Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90199 018 ***150.00

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

P00000031697 **DOCUMENT #**

1. Entity Name

GOODSON PHARMACY, INC.



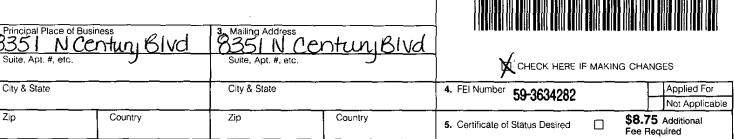
Principal Place of Business 8321 NORTH CENTURY BOULEVARD CENTURY FL 32535

City & State

Mailing Address

8321 NORTH CENTURY BOULEVARD

CENTURY FL 32535



Zip	Country	Zip	Coun	ıry	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					
HUSTON, GARY W 125 W. ROMANA SUITE 800	7.2	المستود بورسون به دسین ایستان (۳۰ پایستان بورسونهوی			Name Street Address (P.O. Box Number is Not Acceptable)				
PENSACOLA FL 3250	1			City		F	Zip Code		
B. The above named entity	submits this statem	ent for the purpose of char	nging its registere	ed office or regis	stered agent, or both, in the State of Flo	rida Lar	n familiar with, and accent		

the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 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 Trust Fund Contribution,

\$5.00 May Be Added to Fees

DATE

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				N 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOODSON, KEVIN D 507 SPRING STREET JAY FL 32565	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		SpringSt	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS = GOODSON, KRISTY 507 SPRING STREET JAY-FL 32565	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	51733	Springst	∑ `Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	e entre ver en	eren journe (2) campa	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	, TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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.