

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

CORRECT 11

04-21-2003 91047 038 \*\*\*150.00

**DOCUMENT #** P00000075335

1. Entity Name  
**XPRESS RX PHARMACY, INC.**



Principal Place of Business  
**660 NORTH STATE ROAD 7  
SUITE 15  
PLANTATION FL 33317**

Mailing Address  
**660 NORTH STATE ROAD 7  
SUITE 15  
PLANTATION FL 33317**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
**One Financial Plaza**  
Suite, Apt. #, etc.  
**2600**  
City & State  
**FT Lauderdale F**  
Zip  
**33394** Country  
**USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1030191** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
~~**WINCHESTER, SHELLEY  
660 N. STATE RD  
STE 15  
FORT LAUDERDALE FL 33317**~~

7. Name and Address of New Registered Agent  
Name  
**SHARRIE JAMES**  
Street Address (P.O. Box Number is Not Acceptable)  
**7300 WEST McNAB RD  
STE 218**  
City  
**TAMARAC** FL Zip Code  
**33321**

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 LANCELOT JAMES DATE 3/30/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD JAMES, LANCELOT F 660 NORTH STATE ROAD 7 PLANTATION FL 33317</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>VD HOWARD, HERMAN 660 NORTH STATE ROAD 7 PLANTATION FL 33317</b></del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>S BENVILLE, BARRETT N STATE RD 7 FORT LAUDERDALE FL 33317</b></del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: LANCELOT JAMES DATE 4-1-03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)