

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110833

1. Entity Name

NETGROUP HOME PHARMACY, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90109 008 ***155.00

Principal Place of Business

521 OLD DIXIE HWY
TEQUESTA FL 33469-2344

Mailing Address

521 OLD DIXIE HWY
TEQUESTA FL 33469-2344

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1058515

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPiegel & UTRERA, P.A.
343 ALMERIA AVE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name ROTHENBERG, JUDITH A.

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

521 OLD DIXIE HWY.

City

TEQUESTA, FL

FL

Zip Code

33469

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

Judith A. Rothenberg

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

(NOTE: Registered Agent signature required when reinstating)

04/23/01

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD ROTHENBERG, BRUCE M 521 OLD DIXIE HWY TEQUESTA FL 33469-2344	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROTHENBERG, JUDITH A 521 OLD DIXIE HWY TEQUESTA FL 33469-2344	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROTHENBERG (correct spelling)	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROTHENBERG (correct spelling)	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Judith A. Rothenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/01

Date

561-743-9974

Daytime Phone #

CR2E034 (10/00)