

1042

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

DOCUMENT # P01000035096

1. Entity Name

SELECT PHARMACY SERVICES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 11 PM 3:32

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1050 Sedeeva Street

Suite, Apt. #, etc.

3. Mailing Address  
17 Mount Snow Lane

Suite, Apt. #, etc.

City & State  
Clearwater, Florida

City & State  
Coram, New York

Zip  
33755

Country

Zip  
11727

Country

**REINSTATEMENT 05-06**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3710428

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street, 4th Floor

City  
Miami

FL

Zip Code  
33145

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, SPIEGEL & UTRERA, P.A.

SIGNATURE

By:

*Natalia Utrera*

Natalia Utrera, Vice President

7-10-2006

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
PSTD  
Stanley Roseman  
17 Mount Snow Lane, Coram, NY 11727

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
000077661810  
07/18/06--01032--003 \*\*300.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Stanley Roseman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-2006

Date

Daytime Phone #

2012

**AFFIDAVIT IN SUPPORT OF REQUEST TO  
WAIVE THE FLORIDA DEPARTMENT OF STATE  
CORPORATE REINSTATEMENT FEES**

STATE OF NEW YORK )

COUNTY OF Suffolk )

1. Stanley Roseman is the President of SELECT PHARMACY SERVICES, INC., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on September 16, 2005.
3. That the Corporation failed to file its 2005, and 2006 Annual Report or pay the 2005, and 2006 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
  - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
  - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2005, and 2006 Annual Report fees and the filing of its 2005, and 2006 Annual Reports, which are presented simultaneously with this Affidavit.
5. SELECT PHARMACY SERVICES, INC. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 26 day of June, 2006

**FURTHER, AFFIANT SAYETH NOT**

SELECT PHARMACY SERVICES, INC.

By: Stanley Roseman

Stanley Roseman, President

**SWORN AND SUBSCRIBED**

before me this 26 day of June, 2006

Linda L. Birro  
Notary Public, State of New York at Large

Printed Name: Linda L. Birro

Commission Expires: 4-28-07

**LINDA L. BIRRO**  
Notary Public, State of New York  
No. 01818091481  
Qualified in Suffolk County  
Commission Expires April 28, 2007