

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-11-2002 90001 042 ***150.00

DOCUMENT # P01000082529
1. Entity Name
ACCESS PREFERRED PHARMACY, INC.

Principal Place of Business
2749 NE 25 PLACE
FT LAUDERDALE FL 33305
Mailing Address
2749 NE 25 PLACE
FT LAUDERDALE FL 33305

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 05-1131394
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GREEN, MITCHELL F
4000 HOLLYWOOD BLVD SUITE 485 SOUTH
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable
NOTE: Registered Agent signature required when reinstating
DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes fields for TITLE, 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...

SIGNATURE: [Signature]
DATE: 1/4/02
DAYTIME PHONE: 954 5682468

CR2E034 (9/01)