1/11/02-90001-042

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

## 2002 UNIFORM BUSINESS REPORT (UBR)

1. Erdity Name				Secretary of State		
ACCESS	PREFERRED PHARMACY	, INC.	<u>\</u>	01-11-2002 90001 042 ***150.00		
Principal Pla	ice of Business	Mailing Address				
2749 NE 25 PLACE		2749 NE 25 PLACE				
FT LAUDERD	ALE FL 33305	FT WUDERDALE FL 3330	D.	50-10-100-		
			··			
2. Principal Place of Business		3. Mailing Address		Financial to every file party settle party and the party a		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 55 - 1131394   Applied For Not Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required		
	6. Name and Address of Curren	1 Registered Agent	Name	7.*Name and Address of New Registered Agent		
GREEN, MITCHELL F			Street Addre	ss (P.O. Box Number is Not Acceptable)		
4000 HOLLYWOOD BLVD SUITE 485 SOUTH HOLLYWOOD FL 33021		TH				
1.02_			City	FL Zip Code		
8. The above	e named entity submits this statement	for the purpose of changing its	registered office or regi	stered agent, or both, in the State of Florida.		
CIONATI IDE		. <del></del>	<u></u>			
ŞIGNATURE	Signature, typed or printed hame of registered agen	TOWN steel applicable (NOTE	Registered Agent signature req	vired when reinstaling) DATE		
	oration is eligible to satisfy its intangib requirement and elects to do so.		!! FEE IS \$150.00 2 Fee will be \$550.0	10. Election Campaign Financing \$5.00 May Be		
<u> </u>	eria on back)	Make Check Payab	te to Department of S	State Host Fond Communicate C. Added to Fees		
11. πιε	OFFICERS ANI	DIRECTORS Delete	TILE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	SUOZZO, JAMES ROBERT	- Dade	NAME			
STREET ADDRESS CITY-ST-ZIP	2749 NE 25 PLACE FT LAUDERDALE FL 33305		STREET ADDRESS CITY-ST-ZIP	2E034		
TITLE NAMÉ		☐ Delete	. TTILE NAME	□ Change □ Addition B		
STREET ADDRESS CITY-ST-ZIP	}		STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ <b>Qelet</b> e	TITLE	□ Change □ Addition		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition		
HAME		<b>-</b> 5464	NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP			
TITLE NAME		☐ Deleta	TITLE NAME	☐ Change ☐ Addition		
STREET ADORESS			STREET ADDRESS			
TITLE		Delete	CITY-ST-ZIP Timle	☐ Change ☐ Addition		
1	I	- Dolotte	NAME			
NAME						
NAME STREET ADDRESS CITY: ST: ZIP		<u></u>	STREET ANDRESS City-St-Zip			
STREET ADDRESS CITY-ST-ZIP  13. I hereby countries	setify that the information supplied will on this report or supplemental report in portation of the receiver or tigatee emp or on an angitact/pract with at § didress.	h this filing does not qualify for s true and accurate and that m owered to execute this report is with all other like empowered.	the exemption stated in	Section 119.07(3)(i), Florida Statutes, I lurther certify that the information le same legal effect as if made under oath, that I am an officer or director 107, Florida Statutes, and that my name appears in Block 11 or Block 12 if		
STREET ADDRESS CITY-ST-ZIP  13. I hereby countries	poration or the receiver or trustee emplor or on another productive with an address.	owered to execute this report a with all other like empowered. JRE REOUIR	Cny-si-zip the exemption stated in y signature shall have it is required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I lurther certify that the information le same legal effect as if made under oath, that I am an officer or director (07, Florida Statutes, and that my name appears in Block 11 or Block 12 if		
STREET ADDRESS  CITY_ST_ZIP  13. I hereby of indicated of the corrachanged,	poration or the receiver or trustee emp or on an attachmed with an address.	owered to execute this report a with all other like empowered. JRE REOUIR	the exemption stated in	907, Florida Statutes; and that my name appears in Block 11 or Block 12 if		