

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90196 013 \*\*\*550.00

0138206 AT

**DOCUMENT # P02000007956**

**1. Entity Name**  
**PHARMACY SOLUTIONS & MEDICAL EQUIPMENT, INC.**



**Principal Place of Business**  
**155 N BRIDGE ST**  
**SUITE C**  
**LABELLE FL 33935**

**Mailing Address**  
**155 N BRIDGE ST**  
**SUITE C**  
**LABELLE FL 33935**

**2. Principal Place of Business**

**84 W. HICKPOCK HEE AVE**  
**Suite, Apt. #, etc.**

**3. Mailing Address**

**PO Box 73**  
**Suite, Apt. #, etc.**

**City & State**  
**LABELLE FL**

**City & State**  
**LABELLE**

**4. FEI Number**  
**04-3590144**

**Applied For**  
**Not Applicable**

**Zip**  
**33975**

**Country**  
**USA**

**Zip**  
**33975**

**Country**  
**USA**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

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

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI FL 33145**

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

**Name**  
**William DANLER**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**2665 CLEVELAND AVE # 204**  
**City**  
**FT. MYERS**  
**FL**  
**Zip Code**  
**33901**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**7/22/03**  
**DATE**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>PD</b> <b>DANLER, KATHLEEN F</b> <b>155 N BRIDGE ST</b> <b>LABELLE FL 33935</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VTD</b> <b>DANLER, WILLIAM</b> <b>155 N BRIDGE ST</b> <b>LABELLE FL 33935</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>S</b> <b>DANLER, DANIELLE K</b> <b>155 N BRIDGE ST</b> <b>LABELLE FL 33935</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)