

Ref: P0200 0060281

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)****FILED**
Mar 17, 2003 8:00 am
Secretary of State

03-03-2003 90464 039 ***158.75

DOCUMENT # P02000060281

1. Entity Name

UNI-PHARM INSTITUTIONAL PHARMACY INC.

Principal Place of Business

**14936 NORTH FLORIDA AVENUE
TAMPA FL 33613**

Mailing Address

**14936 NORTH FLORIDA AVENUE
TAMPA FL 33613**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATEL, BHUPENDRA M
18205 BITTERN AVENUE
LUTZ FL 33549**

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. 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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003, Fee will be \$550.00

Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution.**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	OWNER	<input type="checkbox"/> Delete
NAME	BHUPENDRA M. PATEL	
STREET ADDRESS	14936 N. FLORIDA AVE.	
CITY-ST-ZIP	TAMPA FL 33613	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE:

SIGNATURE RECD BHUPENDRA M. PATEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/03 (813) 961-6546

Date

Daytime Phone #

CR2E034 (10/02)