FILED
May 21, 2003 8:00 am
Secretary of State
04-28-2003 91463 013 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000067972

1. Entity Name
MAYO FAMILY PHARMACY, INC.

5534261б

Principal Place of Business	Mailing Address
1214 BRECKENRIDGE RUN TALAHASSEE, FL 32311 US	1214 BRECKENRIDGE RUN TALAHASSEE, FL 32311 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
302 Main St. N.	P.O. Box 405
Suite, Apt #, etc.: Suite ...	Suite, Apt. #, etc.
City & State: Mayo FL	City & State: Mayo, FL
Zip: 32066 Country: Lafayette	Zip: 32066 Country: Lafayette

4. FEI Number 01-0719990 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCALL, TOMMY L
1214 BRECKENRIDGE RUN
TALAHASSEE, FL 32311

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Tommy McCall
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCALL, TOMMY L
STREET ADDRESS	1214 BRECKENRIDGE RUN
CITY-ST-ZIP	TALAHASSEE, FL 32311

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	☐ Change ☑ Addition
NAME	Ira Riley	
STREET ADDRESS	7400 Powers Ave Apt. 297	
CITY-ST-ZIP	Jacksonville, FL 32217	

CR2E034 (10/02)

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: Tommy McCall 4/23/03 386-294-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone