FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90047 023 ***158.75

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DO NOT WRITE IN THIS SPACE

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000121719

1. Entity Name: Florida Pharmacy Consulting Company.

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2. Principal Place of Business	3. Mailing Address
PO Box 4502	PO Box 4502
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tequesta Florida	City & State: Tequesta Florida
Zip: 33469 — Country: USA	Zip: 33469 — Country: USA

4. FEI Number: 37-1453426 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Monica Sikora

Street Address (P.O. Box Number is Not Acceptable): 275 Beach Rd B201

City: Tequesta **FL** Zip Code: 33469

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	[redacted] D	TITLE	
NAME	Monica Sikora	NAME	
STREET ADDRESS	275 Beach Rd B201	STREET ADDRESS	
CITY-ST-ZIP	Tequesta FLA 33469	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-30-03 561 3463260 [redacted]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #