01/21/2003 11:44 3054467336 WILSON SUAREZ L

01-27-2003 90539 006 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000126144

20018695

1. Entity Name
Royalty Drug & Pharmaceutical Care, Inc.

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
1001 N.W. 54th Street Miami, FL 33127	1001 N.W. 54th Street Miami, FL 33127

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Wilson, J. Everett 2151 Le Jeune Rd., Mezzanine Coral Gables, FL 33134	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 _____ DATE

FOR PROFIT CORPORATIONS AND LIMITED PARTNERSHIPS ONLY

9. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hyppolite, Laquinta W. 1001 NW 54 St. Miami FL 33127 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Hyppolite, Laquinta W. 1001 NW 54 St. Miami, FL 33127 ☑ Change ☐ Addition
	☐ Delete		D P Ayllon, Tamay 1001 NW 54 st. Miami, FL 33127 ☐ Change ☑ Addition
	☐ Delete		D VP Hyppolite, Ruben 1001 NW 54 st. Miami, FL 33127 ☐ Change ☑ Addition
	☐ Delete		D S Sohn, Gregory 1001 NW 54 st. Miami, FL 33127 ☐ Change ☑ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

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: [signature] 1/21/03 (786)402-6088
Date Daytime Phone #