

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91019 048 ***150.00

DOCUMENT # P03000017556 1. Entity Name MEDS 4 LESS, INC.			
Principal Place of Business 7000 WEST PALMETTO PARK ROAD SUITE 402 BOCA RATON, FL 33433		Mailing Address 7000 WEST PALMETTO PARK ROAD SUITE 402 BOCA RATON, FL 33433	
2. Principal Place of Business 3371 WEST HELLISBORO BLVD Suite, Apt. #, etc.		3. Mailing Address 3371 W. HELLISBORO BLVD Suite, Apt. #, etc.	
City & State DEERFIELD BEACH, FL Zip 33442 Country US		City & State DEERFIELD BEACH, FL Zip 33442 Country US	
4. FET Number 16-1654920		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENFIELD, STEVEN B ESQ. 7000 WEST PALMETTO PARK ROAD SUITE 402 BOCA RATON, FL 33433		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 _____ DATE _____ (Signature, in print or printed name of registered agent and date if applicable. (NOTE: Registration Agent signature required when completing))			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 PD FEDER, STANLEY 7000 WEST PALMETTO PARK ROAD #402 BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP 3371 W. HELLISBORO BLVD DEERFIELD BEACH, FL 33442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VST SHLISSEL, BARRY 7000 WEST PALMETTO PARK ROAD #402 BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP 3371 W. HELLISBORO BLVD DEERFIELD BEACH, FL 33442	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b), 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 of 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 signature, and empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		4/25/04 Date Daytime Phone #	