


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90283 005 ***150.00

DOCUMENT # P04000120464	
1. Entity Name SATELLITE DRUGS & PHARMACY, INC	

DO NOT WRITE IN THIS SPACE

20041947

2. Principal Place of Business 4105 LITTLE ROAD		3. Mailing Address P. O. Box 7263	
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc.	
City & State NEW PORT RICHEY, FL		City & State WESLEY-CHAPEL, FL	
Zip 34655	Country U.S.A	Zip 33544	Country U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1497522		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name ADEMOLA. O. ADEBAYO			
Street Address (P.O. Box Number is Not Acceptable) 5213 WINDING BROOK TRAIL			
City WESLEY-CHAPEL FL		Zip Code 33543	

**DO NOT WRITE
IN THIS SPACE**

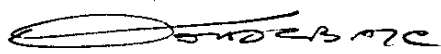
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D ADEMOLA ADEBAYO 5213 WINDING BROOK TRAIL WESLEY-CHAPEL, FL 33543	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-05

Date

(813) 478-3542

Daytime Phone #

CR2E034B (12/02)