## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P93000042008 1. Entity Name SOUTH BROWARD MEDICAL ARTS PHARMACY, INC. 04-09-2001 90021 006 \*\*\*150.00 Mailing Address Principal Place of Business 12744 SAN FERNANDO ROAD 12744 SAN FERNANDO ROAD SYLMAR CA 91342 741140 SYLMAR CA 91342 3. Mailing Address 2. Principal Place of Business 18000 Devonshire St. 18000 Devonshire St. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0417675 Northridge, CA 91325 Not Applicable Northridge, CA 91325 Country Country \$8.75 Additional Certificate of Status Desired U.S.A. Fee Required U.S.A. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name. C T CORPORATION SYSTEMS Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change P/D TITLE Delete TITLE TERRANCE, GREGG H NAME NAME 18000 Devonshire St. STREET ADDRESS 12744 SAN FERNANDO ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SYLMAR CA 91344 Northridge, CA 91325 K Change ■ Addition Delete VSD TITLE TITLE KENTOR, ERIC S NAME NAME 18000 Devonshire St. STREET ADDRESS 12744 SAN FERNANDO ROAD STREET ADDRESS CITY-ST-7IP Northridge, CA 91325 CITY-ST-ZIP SYLMAR CA 91344 TITLE ·V/D---☐ Delete TITLE~ NAME SAYER, KEVIN R NAME 18000 Devonshire St. STREET ADDRESS 12744 SAN FERNANDO ROAD STREET ADDRESS Northridge, CA 91325 CITY-ST-ZIP CITY-ST-ZIP SYLMAR CA 91344 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME + STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

☐ Delete

☐ Change

Addition