

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000051183

1. Entity Name

HEALTH MEDS OF PUERTO RICO, INC.

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90048 044 \*\*\*150.00

Principal Place of Business

Mailing Address

385 GULFVIEW LANE  
PENSACOLA BEACH FL 32507

P.O. BOX 221  
COVINGTON LA 70434-0221

00010301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3195096**

Applied  
Not Applied

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASSEY, SHARRON B  
385 GULFVIEW LANE  
PENSACOLA BEACH FL 32507

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** (way Added to Fee)

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MASSEY, GEORGE H JR**  
CITY-ST-ZIP **200 LIONS DR**  
**COVINGTON LA 70433**

TITLE ☐ Change ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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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 changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00