2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 26, 2003 8:00 am Secretary of State 02-26-2003 90135 041 ***150.00

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Suite, Apt. 4, etc. CheCK HERE IF MAKING CHANGES Applied For Chay & State	8338 B NORTH ARMENIA AVENU TAMPA FL 33804		8338 B NORTH ARMENIA AVENUE TAMPA FL 33604		E IDENIKAN HA AMIN BIAK ADHH BASH BASH BASH	545) (546) (646 U)			
City & State City & State City & State City & State City & State City & State City & State City & State City State City & State City & State City & State City & State City City State City State City City State City State City	2. Principal	Place of Business	3. Mailing Address						
Zip Country Zip Country Sinest Address of Current Registered Agent Sinest Address (P.O. Box Number in Not Acceptable) S. Name and Address of Current Registered Agent 7, Name and Address of Name Agent Address of Name And Address of Name Agent Address (P.O. Box Number in Not Acceptable) PRETTI, PATEL COMEALT HAVISE PHARMACY 8338 N. ARMENIA AVE. TAMPA FL 38804 Sinest Address (P.O. Box Number in Not Acceptable) City FL Zip Code City FL Zip Code 8. The above named antity 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 collegions of registered agent. SIGNATURE Signature. Third or present was impassed spee and title Applicable. POTE Registered Agent begans a required Age	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
S. Neme and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRETIT, PATEL CO HEALTHWISE PHARMACY 8338 N. ARAKENIA AVE. TAMPA F. 33604 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent and or implement agent and like a supcase. SIGNATURE Device. Noted or present name of implement agent and like a supcase. RELEWOWITH FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Moles Check Pepalbe to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME PATEL, PRETIT IA Dodge TITLE NAME SITER ADDIESS CITY-ST-2P TITLE NAME						4. FEI Number 59-3275872			-
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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 chapter 607 on an attachment with an address, with all other like empowered.

SIGNATURE: