

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91500 008 \*\*\*150.00

DOCUMENT # *P95000026481*

1. Entity Name

*Riverland Pharmacy Services, Inc.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*2790 West Davie Boulevard*

3. Mailing Address

*6550 North Federal Highway*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite 522*

City & State

*Fort Lauderdale, FL*

City & State

*Fort Lauderdale, FL*

Zip

*33312*

Country

*U.S.A.*

Zip

*33308-1417*

Country

*U.S.A.*

4. FEI Number

*65-0569128*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*Bruce M. Derby*

Street Address (P.O. Box Number is Not Acceptable)

*312 Bontona Avenue*

City

*Fort Lauderdale*

FL

Zip Code

*33301-2418*

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

*Bruce M. Derby*

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

(NOTE: Registered Agent signature required when reinstating)

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. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*President  
Bruce M. Derby  
312 Bontona Avenue  
Fort Lauderdale, FL 33301-2418*

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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:

*Bruce M. Derby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/23/02*

Date

*954-522-2222*

Daytime Phone #

CR2E034B (12/02)