2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003
Secretary of State

DOCUMENT# P95000065398

Entity Name: ADVANCED PHARMACY CARE, INC.

Current Principal Place of Business:

CHAPEL TRAIL COMMERCE CENTER
911 NW 209TH AVE. STE 111
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 820668
SOUTH FLORIDA, FL 330820668 US

New Mailing Address:

FEI Number: 65-0624039 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAVIJO, GONZALO A
1758 VICTORIA POINTE CIRCLE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VSD ( ) Delete
Name: CLAVIJO, IRENE V
Address: 1758 VICTORIA POINTE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete
Name: CABRERA, SANDRA B
Address: 471 SW 181ST AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD ( ) Delete
Name: BARRERAS, LESTER
Address: 11120 N. KENDALL DR- STE 201
City-St-Zip: MIAMI, FL 33176

Title: PD ( ) Delete
Name: CLAVIJO, GONZALO A
Address: 1758 VICTORIA POINTE CIRCLE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CABRERA, SANDRA B
Address: 39 NW 161TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TD (X) Change ( ) Addition
Name: BARRERAS, LESTER
Address: 3785 NW 82ND AVENUE SUITE 417
City-St-Zip: MIAMI, FL 33166

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GONZALO A. CLAVIJO PD 04/25/2003

Electronic Signature of Signing Officer or Director — Date