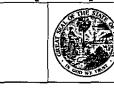
FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90519 010 ***150 00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #	P95000067789
1. Entity Name	



MEMORIAL FAMILY PHARMACY, INC. Principal Place of Business Mailing Address 14C11UUE 2919 W SWANN 2919 W SWANN SUITE 101 SUITE 101 **TAMPA FL 33609** TAMPA FL 33609 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3334038 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOBLEY, J. NEAL Street Address (P.O. Box Number is Not Acceptable) 2070 RINGLING BOULEVARD SARASOTA FL 34237 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CR2E034 (10/02) TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMSON, TIMOTHY L NAME NAME STREET ADDRESS STREET ADDRESS 15504 FENTRESS CT CITY-ST-ZIP TAMPA FL 33647 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME FUCARINO, DAN STREET ADDRESS STREET ADDRESS 3019 PEACOCK LANE CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33618** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BOBO, ABRAHAM ELI NAME STREET ADDRESS STREET ADDRESS 80 LADOGA CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33603 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Detete TITLE ← Change Addition NAME NAME

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 signalitie 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 changed, or on an attachment with an address

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP