

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

APPROVED

FILED
Feb 13, 2002 8:00 A.M.
Secretary of State

DOCUMENT # **P95 000096357**
1. Entity Name
ADVANCED PHARMACY SERVICES
514 S. MAGNOLIA AVE
OCALA, FL 34474

DO NOT WRITE IN THIS SPACE

TALLAHASSEE, FLORIDA

2. Principal Place of Business
514 S. Magnolia Ave

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State
Ocala, FL

City & State

4. FEI Number
593349216

Applied For
Not Applicable

Zip
34474 Country
USA

Zip Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Robert Richard Walter

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

514 S. Magnolia Ave

City **Ocala** **FL** Zip Code **34474**

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 **Robert Richard Walter**

Feb 27 '02

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Robert Richard Walter
514 S. Magnolia Ave
Ocala, FL 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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-03/19/02--01027--022
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)