FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 JUN 27 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000033320

1. Entity Name
PHARMACY CARE SPECIALISTS, INC.

DO NOT WRITE IN THIS SPACE

000021278010
07/02/03--01062--039 **17.50

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
202 W. BROADWAY	2500 QUANTUM LAKES DR
Suite, Apt. #, etc.	Suite, Apt. #, etc. 103
City & State: FT. MEADE, FL	City & State: BOYNTON BEACH, FL
Zip: 33841 Country: USA	Zip: 33426 Country: USA

4. FEI Number: 593373961 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FRANK ANGERAME

Street Address (P.O. Box Number is Not Acceptable): 2500 QUANTUM LAKES DR STE 103

City: BOYNTON BEACH, FL Zip Code: 33426

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

P NAME: ALAN ADELSON STREET ADDRESS: 2500 QUANTUM LAKES DR. STE 103 CITY-ST-ZIP: BOYNTON BEACH, FL 33426		000021278010 07/02/03--01062--040 **550.00	
D NAME: JOSEPH FORTE STREET ADDRESS: 2500 QUANTUM LAKES DR. STE 103 CITY-ST-ZIP: BOYNTON BEACH, FL 33426			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
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CR2E034B (12/02)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 6/24/03 — Daytime Phone #: 561-7454164