

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2003 8:00 am
Secretary of State

06-13-2003 90057 011 ***550.00

DOCUMENT # P96000062920

1. Entity Name
GET WELL PHARMACY & MEDICAL SERVICES, INC.



Principal Place of Business
2962 NW 60TH STREET
FT. LAUDERDALE FL 33309
US

Mailing Address
2962 NW 60TH STREET
FT. LAUDERDALE FL 33309
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0683749**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLOUGHBY, ROY
2962 NW 60TH STREET
FT. LAUDERDALE FL 33309

Name **Chad McCall**

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

2962 NW 60th Street

City **Ft Lauderdale**

FL

Zip Code **33309**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/10/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WILLOUGHBY, JACQUELINE L**
STREET ADDRESS **2711 SW 86 WAY**
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **President** ☐ Change ☒ Addition
NAME **Chad McCall**
STREET ADDRESS **240 SE Spanish Trail**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **VP** ☒ Delete
NAME **WILLOUGHBY, ROY E**
STREET ADDRESS **2711 SW 86 WAY**
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **Chairman** ☐ Change ☒ Addition
NAME **Charles W McCall**
STREET ADDRESS **2962 NW 60th St.**
CITY-ST-ZIP **Ft Lauderdale, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Chad McCall** **6/10/03 9549172325**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)