

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90046 018 ***150.00

DOCUMENT # P96000071659

1. Entity Name
PHARMACY DISTRIBUTOR SERVICES, INC.

Principal Place of Business 19906 WILKINSON LEAS ROAD TEQUESTA FL 34469 US	Mailing Address 19906 WILKINSON LEA ROAD TEQUESTA FL 19906 US
----------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

2. Principal Place of Business 10003 CHAPMAN OAK COURT Suite, Apt. #, etc.	3. Mailing Address 10003 CHAPMAN OAK COURT Suite, Apt. #, etc.
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

City & State PALM BEACH GARDENS FL	City & State PALM BEACH GARDENS FL
Zip 33410-3275	Zip 33410-3275
Country US	Country US

4. FEI Number 65-0689543	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**D'ONOFRIO, ANDREW
19906 WILKINSON LEAS ROAD
TEQUESTA FL 33469**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D'ONOFRIO, ANDREW 1906 WILKINSON LEAS ROAD TEQUESTA FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW DEBRA MARTZ LYNAGHT 444 MARINER DR JUPITER, FL 33477 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ANDREW D'ONOFRIO** *[Signature]* **2/24/01** **561-799-3553**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)