

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000064463**

1. Entity Name

ALPHAMEDS PHARMACY, INC.**FILED**
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90020 037 ***150.00

Principal Place of Business	Mailing Address
1215 LEE AVENUE SUITE 100 TALLAHASSEE FL 32303 US	1215 LEE AVENUE SUITE 100 TALLAHASSEE FL 32303-5825 US

A0017714



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3457696	Applied For <input type="checkbox"/> Not Applied
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****HENRY, BUCHANAN, HUDSON, SUBER & WILLIAMS**
% J. STEVEN CARTER
117 SOUTH GADSDEN STREET
TALLAHASSEE FL 32301

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

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PM	TITLE	
NAME	BEVIS, ROBERT S.	NAME	
STREET ADDRESS	2104 HAYS MILL ROAD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	CITY-ST-ZIP	
TITLE	VM	TITLE	
NAME	MC CALL, JR. F	NAME	
STREET ADDRESS	321 N. 9TH STREET	STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	CITY-ST-ZIP	
TITLE	TM	TITLE	
NAME	TINDALL, RAYMOND D.	NAME	
STREET ADDRESS	2019 WAHALAW NENE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32314	CITY-ST-ZIP	
TITLE	SM	TITLE	
NAME	DAISERNIA, FRANK	NAME	
STREET ADDRESS	4540 BOWFIN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	DESLOGE, BRYAN	NAME	
STREET ADDRESS	3057 HAWKS GLEN	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	ARNOLD, HARRY	NAME	
STREET ADDRESS	P. O. BOX 4103	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32315	CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Francis McCall Jr
2-2-00
850-942-1992