

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90197 017 ***150.00

DOCUMENT # P97000064463

1. Entity Name

ALPHAMEDS PHARMACY, INC.

Principal Place of Business

1215 LEE AVENUE
SUITE 100
TALLAHASSEE FL 32303
US

Mailing Address

1215 LEE AVENUE
SUITE 100
TALLAHASSEE FL 32303
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

59-3457696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

HENRY, BUCHANAN, HUDSON, SUBER & WILLIAMS
% J. STEVEN CARTER
117 SOUTH GADSDEN STREET
TALLAHASSEE FL 32301

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, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PM** ☐ Delete
NAME **BEVIS, ROBERT S.**
STREET ADDRESS **2104 HAYS MILL ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE **VM** ☐ Delete
NAME **MC CALL, JR. F**
STREET ADDRESS **321 N. 9TH STREET**
CITY-ST-ZIP **QUINCY FL 32351**

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

TITLE **TM** ☐ Delete
NAME **TINDALL, RAYMOND D.**
STREET ADDRESS **2019 WAHALAW NENE**
CITY-ST-ZIP **TALLAHASSEE FL 32314**

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

TITLE **SM** ☐ Delete
NAME **DAISERNIA, FRANK**
STREET ADDRESS **4540 BOWFIN DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

TITLE **D** ☐ Delete
NAME **DESLOGE, BRYAN**
STREET ADDRESS **3057 HAWKS GLEN**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

TITLE **D** ☐ Delete
NAME **ARNOLD, HARRY**
STREET ADDRESS **P. O. BOX 4103**
CITY-ST-ZIP **TALLAHASSEE FL 32315**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Francis McCall Jr VP

4-16-01

Date

850-942-1992

Daytime Phone #

CR2E034 (10/00)