

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90059 036 ***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

**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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	PM			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	BEVIS, ROBERT S.	2104 HAYS MILL ROAD	TALLAHASSEE FL 32301							
	VM			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	MC CALL, JR. F	321 N. 9TH STREET	QUINCY FL 32351							
	TM			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	TINDALL, RAYMOND D.	2019 WAHALAW NENE	TALLAHASSEE FL 32314							
	SM			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DAISERNIA, FRANK	4540 BOWFIN DRIVE	TALLAHASSEE FL 32303							
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DESLOGE, BRYAN	3057 HAWKS GLEN	TALLAHASSEE FL 32312							
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	ARNOLD, HARRY	P. O. BOX 4103	TALLAHASSEE FL 32315							

CR2E034 (9/01)

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 3-11-02 850-942-1992