

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90145 016 ***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

487 E. Tennessee St

Suite, Apt. #, etc.

STE 2

City & State
Tallahassee FL

Zip Country
32301 US

3. Mailing Address

487 E. Tennessee St

Suite, Apt. #, etc.

STE 2

City & State
Tallahassee FL

Zip Country
32301 US



☒ CHECK HERE IF MAKING CHANGES

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

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

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. 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

**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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

FRANCIS McCall Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03

850-942-1992

Date Daytime Phone #

CR2E034 (10/02)