

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-22-2002 90105 035 ***150.00

DOCUMENT # **P97000095831**

1. Entity Name

CHILDREN AND FAMILIES HOME PHARMACY SERVICES, IN C.

Principal Place of Business

**915 N. PENNSYLVANIA AVE.
 WINTER PARK FL 32789**

Mailing Address

**915 N. PENNSYLVANIA AVENUE
 WINTER PARK FL 32789
 US**

2. Principal Place of Business

4448 Edgewater Drive
 Suite, Apt. #, etc.

3. Mailing Address

4448 Edgewater Drive
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3479064

Applied For

☐ Not Applicable

Zip

Country

32804

Orange

Zip

32804

Orange

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHIAVI, MARIA A.

**917 N. PENNSYLVANIA AVE.
 WINTER PARK FL 32789**

Name

Maria Schiavi

Street Address (P.O. Box Number is Not Acceptable)

4448 Edgewater Drive

City

Orlando

FL

Zip Code

32804

7. Name and Address of New Registered Agent

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

Maria A. Schiavi
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

06/07/02

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **SCHIAVI, MARIA A**
 CITY-ST-ZIP **917 N. PENNSYLVANIA AVE. 4448 EDGEWATER DR.
 WINTER PARK FL 32789 ORLANDO, FL 32804**

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

TITLE ☐ Delete
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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:

Maria A. Schiavi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02
 Date

407.513.3000
 Daytime Phone #

CR2E034 (9/01)