

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046315

1. Entity Name

MEDISTAT PHARMACY SERVICES, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90057 013 ***150.00

Principal Place of Business

187 CAMERON COURT
WESTON FL 33326

Mailing Address

187 CAMERON COURT
WESTON FL 33326-6711

9820

2. Principal Place of Business

9820 N. Kendall Dr.
Suite, Apt. #, etc.

3. Mailing Address

PO Box 266711
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Weston, FL

4. FEI Number

65-0841742

Applied For

Not Applicable

Zip

33176

Country

USA

Zip

33326

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYA, DAVID R
187 CAMERON COURT
WESTON FL 33326

7. Name and Address of New Registered Agent

Name

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

1100 Bonar 955 Shotgun Rd

City

Sunrise

FL

Zip Code

33326

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/28/00

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME MAYA, DAVID R
STREET ADDRESS 187 CAMERON COURT
CITY-ST-ZIP WESTON FL 33326

TITLE ☐ Delete
NAME Sidney Levy
STREET ADDRESS 577 Ocean Blvd
CITY-ST-ZIP Golden Bch, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer ☐ Change ☒ Addition
NAME Sidney Levy
STREET ADDRESS 577 Ocean Blvd
CITY-ST-ZIP Golden Bch, FL

TITLE C.F.O. ☐ Change ☒ Addition
NAME Bruce Greenberg
STREET ADDRESS 955 Shotgun Rd
CITY-ST-ZIP Sunrise, FL 33326

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

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

(954) 980-3181

Daytime Phone #

CR2E034 (9/99)