2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 26, 2001 8:00 am Secretary of State DOCUMENT # P98000046315 MEDISTAT PHARMACY SERVICES, INC. 03-26-2001 90040 006 ***150.00 Principal Place of Business Mailing Address 9820 N KENDALL DR PO BOX 266711 MIAMI FL 33176 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address 955 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0841742 NALISE SUMRISE Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired U.SA () SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAYA, DAVID R Street Address (P.O. Box Number is Not Acceptable) 955 SHOTGUN RD SUNRISE FL 33326 Zip Code FL 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 red Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Delete TITLE TITLE MAYA, David MAYA, DAVID R NAME NAME 1532 VICTORIA ISIE WAY **187 CAMERON COURT** STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Weston FL 33326 ☐ Change ☐ Addition □ Delete TITLE LEVY, SIDNEY NAME NAME STREET ADDRESS 577 OCEAN BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GOLDEN BEACH FL** CFO | Secretor Change ☐ Addition TITLE Delete NAME GREENBERG, BRUCE NAME Bruce Green STREET ADDRESS 955 SHOTGUN RD STREET ADDRESS 9555WOTOUY CITY-ST-ZIP SUNRISE FL 33326 CITY-ST-ZIP Sunnse ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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