

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL 16 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000092612

1. Entity Name

VANGUARD ADVANCED PHARMACY SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

500006469225--9

-07/17/02--01052--015

*****61.25 *****61.25

2. Principal Place of Business

1407 57th Avenue West

Suite, Apt. #, etc.

3. Mailing Address

1407 57th Avenue West

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34207

Country

U.S.

City & State

Bradenton FL

Zip

34207

Country

U.S.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name TAO M. MILONAS

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

1800 SECOND STREET, SUITE 884

City SARASOTA

FL

Zip Code

34236

**DO NOT WRITE
IN THIS SPACE**

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 fee 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	CBO / CHAIRMAN OF BOARD OF DIR. / NICK GENERALOVICH 1407 57th Avenue West Bradenton FL 34207 SEC.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT / TREASURER JAMES VETT 1407 57th Avenue West Bradenton FL 34207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT / OPERATIONS STANTON GENERALOVICH 1407 57TH AVE W. BRADENTON, FL 34207
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IN THIS SPACE**

CR200348 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Required