2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receive changed, or on an attachment

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Jan 12, 2000 8:00 am DOCUMENT # P98000096926 **Secretary of State** MY PHARMACY OF HIALEAH, INC. 01-12-2000 90099 014 ***150.00 Mailing Address Principal Place of Business 7160 WEST 20 AVENUE 7160 WEST 20 AVENUE M129 UVVUUUUU (HIALEAH FL 33016-5535 HIALEAH FL 33016 US US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0875791 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHIFF, JAMES M Street Address (P.O. Box Number is Not Acceptable) 9130 SOUTH DADELAND BOULEVARD **SUITE 1609** MIAMI FL 33156 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. TEMPLE SECTION Control of State Con-SIGNATURE Signature, typed or printed name of registered agent and title if applicable 3 3-5-3 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITLE NAME WARSHOFSKY, DAVID STREET ADDRESS STREET ADDRESS 7160 WEST 20 AVENUE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 ☐ Addition Delete TITLE Change TITLE NAME NAME WARSHOFSKY, GERALD STREET ADDRESS STREET ADDRESS 7160 WEST 20 AVENUE CITY-ST-ZIP .CITY_ST-ZIP_ HIALEAH FL-33016-☐ Change Addition ☐ Delete TITLE TITLE NAME NAME SMITH, ORIN E STREET ADDRESS STREET ADDRESS 7160 WEST 20 AVENUE M129 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 Addition ☐ Delete TITLE TITLE NAME NAME GONZBERG, JEROME 20 ave STREET ADDRESS STREET ADDRESS 7160 WEST 20 AVENUE Hiclenh CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 ☐ Addition TITLE TS ☐ Delete TITLE 1011920 NAME NAME COLLUZO, ALAN STREET ADDRESS STREET ADDRESS 7160 WEST 20 AVENUE M129 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 receive or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Davis Worshofshes