

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

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90191 001 \*\*\*300.00

DOCUMENT # P99000081575

1. Entity Name

DrugMax.com, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12505 Starkey Rd.

3. Mailing Address

← same

Suite, Apt. #, etc.

Ste A

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Largo FL

City & State

4. FEL Number

59-3649091

Applied For

Not Applicable

Zip

33773

Country

Pinellas

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Julio C. Esquivel

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

Shumaker Loop & Kendrick LLP

101 E. Kennedy Blvd Ste 2800

City Tampa

FL

Zip Code 33602

**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 title if applicable.

(NOTE: Registered Agent signature required when renewing)

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 Pres, Secy, Director  
NAME William L. LaGamba  
STREET ADDRESS 12505 Starkey Rd. Ste A  
CITY-ST-ZIP Largo FL 33773

TITLE Treas, Director CFO  
NAME Ronald J. Patrick  
STREET ADDRESS 12505 Starkey Rd Ste A  
CITY-ST-ZIP Largo FL 33773

TITLE Dir.  
NAME Jugal K. Taneja  
STREET ADDRESS 12505 Starkey Rd Ste A  
CITY-ST-ZIP Largo FL 33773

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

SIGNATURE:

[Signature] 4/29/02 (727) 583-0431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)