,, 5/: 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 08, 2000 8:00 am Secretary of State DOCUMENT # P99000086572 1. Entity Name MERCY'S PHARMACY, INC. 05-16-2000 90073 018 ***150.00 Mailing Address Principal Place of Business 3217 SW 138TH COURT 3217 SW 138TH COURT MIAMI FL 33175 MIAMI FL 33175-7228 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0952414 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONZALEZ, MARIA M Street Address (P.O. Box Number is Not Acceptable) 3217 SW 138TH COURT **MIAMI FL 33175**

City

FILE NOW!!! FEE IS \$150.00

Atter MAY 1, 2000 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

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.

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

Zip Code

\$5.00 May Be

Added to Fees

Dayome Phone 6

DATE

10. Election Campaign Financing

Trust Fund Contribution.

Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change PD TITLE ☐ Delete TITLE GONZALEZ, MARIA M NAME NAME STREET ADDRESS STREET ADDRESS 3217 SW 138TH COURT CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** Change ■ Addition ITAE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP - Change 🕳 🖃 Addition mu: 🔲 Deletë TILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.