## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 18, 2001 8:00 am Secretary of State **DOCUMENT # V16032** 1. Entity Name 05-18-2001 91571 024 \*\*\*150.00 PHARMACY RELIEF SERVICES OF CENTRAL FLORIDALING > Principal Place of Business Mailing Address 1810 POINCIANA ROAD 1810 POINCIANA RD WINTER PARK FL 32792 WINTER PARK FL 32792-1821 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3110682 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CUSKADEN, MARILYN A. Street Address (P.O. Box Number is Not Acceptable) 1810 POINCIANA ROAD WINTER PARK FL 32792 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered 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 liling requirement and elects to do so. П Trust Fund Contribution. (See criteria on back) - Make Check Payable to Department of State -- ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition TITLE ☐ Delete TITLE CUSKADEN, MARILYN A. NAME NAME 1810 POINCIANA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME ٠٠--١., STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change noitibbA 🔲 TITLE ☐ Qelate TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information on 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 mpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if sy with all other like empowered. 13. I hereby certify that the information sub-indicated on this recycle or supplement of the corporation or the receiver of the changed, or on an allediment with do.

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