

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V26772

FILED
Mar 26, 2002 8:00 AM
Secretary of State

Entity Name: OWEN'S PHARMACY, INC.

Current Principal Place of Business:

834 LOMAX ST
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

834 LOMAX ST
JACKSONVILLE, FL 32204

New Mailing Address:

6960 BONNEVAL ROAD
SUITE 100
JACKSONVILLE, FL 32216

FEI Number: 59-3115855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLD, KATHLEEN HOLBROOK
ONE INDEPENDENT DR
2301 INDEPENDENT SQUARE
JACKSONVILLE, FL 32202

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GEER, LYNN G,
Address: 834 LOMAX ST
City-St-Zip: JACKSONVILLE, FL

Title: T () Delete
Name: GEOR, JOHN
Address: 3960 BONNEVAL RD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change () Addition
Name: GEER, LYNN G RPH
Address: 834 LOMAX ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: T,D (X) Change () Addition
Name: GEER, JOHN W
Address: 3960 BONNEVAL RD SUITE 100
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNW GEER

T

03/26/2002

Electronic Signature of Signing Officer or Director

Date