

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


5/21

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90561 026 \*\*\*\*50.00

**DOCUMENT # L02000003874**

1. Entity Name  
**DANIEL SECKLER, CONSULTANT PHARMACIST, LLC**



Principal Place of Business  
**2439 ROLLING OAKS DR.  
PALM HARBOR FL 34683**

Mailing Address  
**2439 ROLLING OAKS DR.  
PALM HARBOR FL 34683**

**44002874**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
**02-0560399**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SECKLER, DANIEL A  
2439 ROLLING OAKS DR.  
PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**B. MANAGING MEMBERS/MANAGERS**

TITLE <b>President</b>	<input type="checkbox"/> Delete
NAME <b>Daniel A. Seckler, RPh</b>	
STREET ADDRESS <b>2439 Rolling Oaks Dr</b>	
CITY-ST-ZIP <b>Palm Harbor, FL 34683</b>	
TITLE <b>Vice Pres / Sec.</b>	<input type="checkbox"/> Delete
NAME <b>Dorothy J. Seckler</b>	
STREET ADDRESS <b>2439 Rolling Oaks Dr</b>	
CITY-ST-ZIP <b>Palm Harbor, FL 34683</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**10. ADDITIONS/CHANGES**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Daniel A. Seckler **REQUIRED** (Seckler) **4/29/03 (27) 845-0099**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)