FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 26, 2001 8:00 am P01000000227 **DOCUMENT # Secretary of State** 1. Entity Name LYNNFIELD DRUG, INC. 07-26-2001 90005 022 ***558.75 Principal Place of Business Mailing Address 250 TECHNOLOGY PAR. STE 124 250 TECHNOLOGY PAR. STE 124 LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 04-3546044 Not Applicable 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 32746 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. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. П (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE □ Delete TITLE ☐ Change Robert L. Myers NAME NAME STREET ADDRESS 250 Technology Park # 124 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Lake Mary, FL. 32746 D ☐ Delete TITLE Change ☐ Addition TITLE NAME Kim K. Rondeau STREET ADDRESS STREET ADDRESS 250 Technology Park # 124 CITY-ST-ZIP CITY-ST-ZIP Lake Mary, FL. --- 32746-Addition TITLE Delete Change NAME NAME Denis A. Rondeau STREET ADDRESS STREET ADDRESS 250 Technology Park # 124 CITY-ST-ZIP CITY-ST-ZIP Lake Mary, FL. 32746 Delete TITLE ☐ Change ☐ Addition TITLE D NAME NAME Dônald Perfetto STREET ADDRESS STREET ADDRESS 250 Technology Park # 124 CITY-ST-ZIP CITY-ST-ZiP Lake Mary, FL. 32746 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME Barbara J. Luttrell STREET ADDRESS STREET ADDRESS 250 Technology Park # 124 CITY-ST-ZIP CITY-ST-ZIP Lake Mary, FL. ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-01

407-804-6772 Davime Phone #