

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # K53885**

1. Entity Name

**PARENTERAL THERAPY ASSOCIATES, INC.**

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90102 030 \*\*\*150.00

Principal Place of Business <b>380 S. NORTHLAKE BLVD. SUITE 1032 ALTAMONTE SPRINGS FL 32701 US</b>	Mailing Address <b>380 S. NORTHLAKE BLVD. SUITE 1032 ALTAMONTE SPRINGS FL 32701-5260 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2920860</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**PHALIN, LAWRENCE J**  
**225 E ROBINSON ST SUITE 600**  
**ORLANDO FL 32801**

**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACLEAY, MICHAEL R.</b>	NAME	
STREET ADDRESS	<b>500 WINDERLEY PLACE STE 224</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MAITLAND FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VOGT, STEPHEN C.</b>	NAME	
STREET ADDRESS	<b>500 WINDERLEY PLACE STE 224</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MAITLAND FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARNER, H. STEPHEN</b>	NAME	
STREET ADDRESS	<b>500 WINDERLEY PLACE STE 224</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MAITLAND FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** \_\_\_\_\_ **NOT REQUIRED** **4-6-00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)