

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90679 001 ***450.00

DOCUMENT # K53885

1. Entity Name
PARENTERAL THERAPY ASSOCIATES, INC.

Principal Place of Business 300 S. NORTHLAKE BLVD. SUITE 1032 ALTAMONTE SPRINGS FL 32701 US	Mailing Address 300 S. NORTHLAKE BLVD. SUITE 1032 ALTAMONTE SPRINGS FL 32701 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2920860		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
PHALIN, LAWRENCE J 225 E ROBINSON ST SUITE 600 ORLANDO FL 32801				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACLEAY, MICHAEL R.			NAME			
STREET ADDRESS	500 WINDERLEY PLACE STE 224			STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOGT, STEPHEN C.			NAME			
STREET ADDRESS	500 WINDERLEY PLACE STE 224			STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARNER, H. STEPHEN			NAME			
STREET ADDRESS	500 WINDERLEY PLACE STE 224			STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL			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 a address, with all other like empowered.

SIGNATURE: *Stephen C. Vogn* Date: 4/24/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)