

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90035 038 \*\*\*150.00

**DOCUMENT # P96000071296**

1. Entity Name

**SPECIALTY PHARMACY SERVICES, INC.**

Principal Place of Business

Mailing Address

~~825 STRAWBRIDGE AVE~~  
 MELBOURNE FL 32901

~~825 STRAWBRIDGE AVE~~  
 MELBOURNE FL 32901-4736

2. Principal Place of Business

800 E Melbourne Ave

3. Mailing Address

800 E. Melbourne Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Melbourne FL

Zip

Country

32901

USA

Zip

Country

32901

USA

4. FEI Number

59-3400186

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FALLACE, JAMES H**  
**1900 S HICKORY STREET**  
**MELBOURNE FL 32901**

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

Thomas D Switzler Vice-President 1-28-00

Signature, typed or printed name of registered agent and title if applicable.

(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
NAME	<b>SWITZLER, THOMAS</b>	
STREET ADDRESS	<b>975 WHITMIRE DR</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SWITZLER, BARBARA</b>	
STREET ADDRESS	<b>975 WHITMIRE DR</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32935</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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Thomas D Switzler **Switzler**, 1-28-00 321-953-2004  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)