

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S81697 OK

1. Corporation Name

~~W-1, INC.~~ Priority Healthcare Pharmacy, Inc.

Principal Place of Business

285 W. CENTRAL PKWY. #1719
ALTAMONTE SPRINGS FL 32714

Mailing Address

285 W. CENTRAL PKWY. #1719
ALTAMONTE SPRINGS FL 32714

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90062 013 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1991

4. FEI Number

59-3099905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCINTYRE, MELISSA
285 W. CENTRAL PARKWAY
SUITE 1719
ALTAMONTE SPRINGS FL 32714

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE
NAME WILLIAM E BINDLEY
STREET ADDRESS 10333 N MERIDIAN ST STE 300
CITY-ST-ZIP INDIANAPOLIS IN 46290

TITLE VPCT ☐ DELETE
NAME DONALD J PERFETTO
STREET ADDRESS 285 W CENTRAL PARKWAY STE 1719
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE EVP ☐ DELETE
NAME MCCORMICK, MICHAEL D.
STREET ADDRESS 10333 N. MERIDIAN ST., STE 300
CITY-ST-ZIP INDIANPOLIS IN

TITLE EVP ☐ DELETE
NAME SALENTINE, THOMAS J.
STREET ADDRESS 10333 N. MERIDIAN ST., STE. 300
CITY-ST-ZIP INDIANPOLIS IN

TITLE PCOO ☐ DELETE
NAME MCINTYRE, MELISSA
STREET ADDRESS 285 W. CENTRAL PARKWAY, STE. 1719
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE CEOO ☐ DELETE
NAME ROBERT L MYERS
STREET ADDRESS 10333 N MERIDIAN ST STE 300
CITY-ST-ZIP INDIANAPOLIS IN 46290

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 8909 Perdue Rd.
1.4 CITY-ST-ZIP Indianapolis, IN 46268

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 8909 Perdue Rd.
3.4 CITY-ST-ZIP Indianapolis, IN 46268

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 8909 Perdue Rd.
4.4 CITY-ST-ZIP Indianapolis, IN 46268

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 285 W. Central Parkway, Suite 1719
6.4 CITY-ST-ZIP Altamonte Springs, FL 32714

14. 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 annual report or supplemental annual 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 12 or Block 13 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

2-16-99

Date

407 869-2001

Daytime Phone #

CR2E034 (1/1/98)