

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S81697

1. Entity Name

PRIORITY HEALTHCARE PHARMACY, INC.

FILED

Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90170 010 ***150.00

Principal Place of Business

Mailing Address

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

285 W. CENTRAL PKWY. #1719
ALTAMONTE SPRINGS FL 32714-2379

2. Principal Place of Business

3. Mailing Address

250 technology park

250 technology Park

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 124

Suite 124

City & State

City & State

LAKE Mary, FL

LAKE Mary, FL

Zip

Country

Zip

Country

32746

Seminole

32746

Seminole

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name: Barbara J. Luttrell
Street Address (P.O. Box Number is Not Acceptable)
250 technology Park
Suite 124
City: LAKE Mary, FL 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.

SIGNATURE: *Barbara J. Luttrell*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-17-00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MEYERS, ROBERT L	8909 PERDUE RD.	INDIANAPOLIS IN 46268	<input type="checkbox"/>
TD	PERFETTO, DONALD J	285 W CENTRAL PARKWAY STE 1719	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
SDP	LUTTRELL, BARBARA	8909 PERDUE RD.	INDIANAPOLIS IN 46268	<input type="checkbox"/>
EVP	SALENTINE, THOMAS J.	8909 PERDUE RD.	INDIANAPOLIS IN 46268	<input checked="" type="checkbox"/>
PCOO	MCINTYRE, MELISSA	285 W. CENTRAL PARKWAY, STE. 1719	ALTAMONTE SPRINGS FL	<input checked="" type="checkbox"/>
CEO	ROBERT L MYERS	285 W. CENTRAL PARKWAY, SUITE 1719	ALTAMONTE SPRINGS FL 32714	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Barbara J. Luttrell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barbara J. Luttrell

1-17-00

Date

407-804-6772

Daytime Phone #

CR2E034 (9/99)