

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 28 1997 8:00am  
Secretary of State

DOCUMENT # **834969**

(8)

1. Corporation Name

**PHARMACY SYSTEMS, INC.**



Principal Place of Business

**3750 WOODVALLEY DRIVE  
SMYRNA GA 30082-3265**

Mailing Address

**3750 WOODVALLEY DRIVE  
SMYRNA GA 30082-3265**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**09/08/1975**

3a. Date of Last Report

**02/21/1996**

4. FEI Number

**58-1162435**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WRIGHT, WILSON W  
217 SOUTH ADAMS ST  
TALLAHASSEE FL**

10. Name and Address of New Registered Agent

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

By \_\_\_\_\_, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME: **PD  
MCPHERSON, R PAT  
3750 WOODVALLEY DR. S.E.  
SMYRNA GA**

TITLE ☐ DELETE

NAME: **S  
MCPHERSON, JANET A  
3750 WOODVALLEY DR. S.E.  
SMYRNA GA**

TITLE ☐ DELETE

NAME: **T  
MCPHERSON, R PAT  
3750 WOODVALLEY DR. S.E.  
SMYRNA GA**

TITLE ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY - ST - ZIP: ☐ DELETE

TITLE ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY - ST - ZIP: ☐ DELETE

TITLE ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY - ST - ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

*R. Pat McPherson*  
R. Pat McPherson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/20/97 (770) 432-4884*  
Date Daytime Phone #

CR2E034 (9/96)