

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90036 042 ***150.00

DOCUMENT # F94000003216

1. Entity Name

CENTRAL PHARMACY SERVICES, INC.

Principal Place of Business

**1819 PEACHTREE RD NE
 PEACHTREE PALISADES SUITE 609
 ATLANTA GA 30309**

Mailing Address

**1819 PEACHTREE RD NE
 PEACHTREE PALISADES SUITE 609
 ATLANTA GA 30309**

2. Principal Place of Business

3. Mailing Address

7000 Cardinal Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Dublin, OH

Zip

Country

43017

Country

USA

4. FEI Number

58-2027753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 SUITE 105
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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

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.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BURKE, FRED P	1819 PCHTR RD N PCHTR PALI STE 609	ATLANTA GA 30309	<input type="checkbox"/>
V	MORRIS, DAVID K	1819 PCHTR RD PCHTR PALI STE 609	ATLANTA GA 30309	<input type="checkbox"/>
	Brandin, Donna	7000 cardinal Place	Dublin OH 43017	<input type="checkbox"/>
S	Williams, Pauls	7000 cardinal Place	Dublin, OH 43017	<input type="checkbox"/>
D	Miller, Richard J	7000 cardinal Place	Dublin, OH 43017	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
President	BURKE, Fred P	7000 Cardinal Place	Dublin, OH 43017	<input checked="" type="checkbox"/>
VP Chief Financial Officer & Secretary	Morris, David K	7000 cardinal Place	Dublin OH 43017	<input checked="" 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-PS-92

404-351-8366

Date

Daytime Phone #

CR2E034 (9/01)