

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



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

19963-596

B-1845-C

DOCUMENT # F95000002356 (2)

1. Corporation Name

SUNSCRIPT PHARMACY CORPORATION



Principal Place of Business

5131 MASTHEAD ST., N.E.
ALBUQUERQUE NM 87109

Mailing Address

5131 MASTHEAD ST., N.E.
ALBUQUERQUE NM 87109

3. Date Incorporated or Qualified

05/15/1995

3a. Date of Last Report

2. Principal Place of Business

21 101 San Lane

2a. Mailing Address

26 Legal Dept.

4. FEI Number

85-0406441

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Albuquerque Nm

City & State

28 Albuquerque Nm

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

24 87109

Country

25 USA

Zip

29 87109

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
P SCHELLING, WARREN
STREET ADDRESS
5131 MASTHEAD ST., N.E.
CITY-STATE-ZIP
ALBUQUERQUE NM 87109

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
V WARRICK, WILLIAM C
STREET ADDRESS
5131 MASTHEAD ST., N.E.
CITY-STATE-ZIP
ALBUQUERQUE NM 87109

2.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
S MANN, NIKKI J
STREET ADDRESS
5131 MASTHEAD ST., N.E.
CITY-STATE-ZIP
ALBUQUERQUE NM 87109

3.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME
T BROUSSARD, BRUCE D
STREET ADDRESS
5131 MASTHEAD ST., N.E.
CITY-STATE-ZIP
ALBUQUERQUE NM 87109

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
CD TURNER, ANDREW L
STREET ADDRESS
5131 MASTHEAD ST., N.E.
CITY-STATE-ZIP
ALBUQUERQUE NM 87109

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Nikki J Mann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nikki J. Mann

2-12-96

(505) 821-3355

Date

Daytime Phone #

CR2E034 (12/95)