

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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90137 045 \*\*\*150.00

DOCUMENT # F96000004358

1. Corporation Name

APS PHARMACY MANGEMENT, INC.

Principal Place of Business

1771 W. DIEHL ROAD  
SUITE 210  
NAPERVILLE IL 60563

Mailing Address

ONE RAVINIA DR  
STE 1500  
ATLANTA GA 30346  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1996

4. FEI Number

75-2091355

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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 P ☐ DELETE  
NAME KORSLIN, WILLIAM R  
STREET ADDRESS 1771 W. DIEHL ROAD, SUITE 210  
CITY-ST-ZIP NAPERVILLE IL 60563

TITLE VP ☐ DELETE  
NAME GENTRY, BOYD P  
STREET ADDRESS ONE RAVINIA DR STE 1500  
CITY-ST-ZIP ATLANTA GA 30346

TITLE S ☒ DELETE  
NAME BOONE, SYDNEY K  
STREET ADDRESS ONE RAVINIA DR STE 1500  
CITY-ST-ZIP ATLANTA GA 30346

TITLE D ☒ DELETE  
NAME CARDEN, CHARLES B  
STREET ADDRESS ONE RAVINIA DR STE 1500  
CITY-ST-ZIP ATLANTA GA 30346

TITLE D ☒ DELETE  
NAME WILLIAMS, LEROY D  
STREET ADDRESS 15415 KATY FREEWAY, SUITE 800  
CITY-ST-ZIP HOUSTON TX 77094

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 VS ☒ Change ☐ Addition  
3.2 NAME Miele, Stefano M.  
3.3 STREET ADDRESS One Ravinia Drive, Suite 1500  
3.4 CITY-ST-ZIP Atlanta, GA 30346

4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME Morgan, George D.  
4.3 STREET ADDRESS One Ravinia Drive, Suite 1500  
4.4 CITY-ST-ZIP Atlanta, GA 30346

5.1 TITLE D ☒ Change ☐ Addition  
5.2 NAME Whittle, Susan Thomas  
5.3 STREET ADDRESS One Ravinia Drive, Suite 1500  
5.4 CITY-ST-ZIP Atlanta, GA 30346

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

1/22/99

Date

678.443.7000

Daytime Phone #

CR2E034 (1/98)