

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90141 004 ***550.00

DOCUMENT # F96000004358

1. Entity Name

APS PHARMACY MANGEMENT, INC.

(P)

Principal Place of Business

**1771 W. DIEHL ROAD
 SUITE 210
 NAPERVILLE IL 60563**

Mailing Address

**ONE RAVINIA DR
 STE 1500
 ATLANTA GA 30346
 US**

2. Principal Place of Business

One Ravinia Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite 1500

City & State

Atlanta, GA

Zip

Country

30346

USA

4. FEI Number

75-2091355

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **DPT** ☐ Delete
 NAME **GENTRY, BOYD P**
 STREET ADDRESS **ONE RAVINIA DR STE 1500**
 CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **VS** ☐ Delete
 NAME **MIELE, STEFANO M**
 STREET ADDRESS **ONE RAVINIA DR STE 1500**
 CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **VP** ☐ Delete
 NAME **NOTERMANN, JOHN**
 STREET ADDRESS **ONE RAVINIA DR, #1500**
 CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **D** ☒ Delete
 NAME **WHITTLE, SUSAN T**
 STREET ADDRESS **1 RAVINIA DR SUITE 1500**
 CITY-ST-ZIP **ATLANTA GA 30346**

TITLE **VPAS** ☒ Delete
 NAME **MOLLET, CHRIS J**
 STREET ADDRESS **1771 W DIEHL ROAD, STE 210**
 CITY-ST-ZIP **NAPERVILLE IL 60563**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Director & Secretary** ☒ Change ☐ Addition
 NAME **Stefano M. Miele**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP AS** ☐ Change ☒ Addition
 NAME **Darrell D. Zurvec**
 STREET ADDRESS **One Ravinia Dr., Ste. 1500**
 CITY-ST-ZIP **Atlanta, GA 30346**

TITLE **VP AT** ☐ Change ☒ Addition
 NAME **William C. Straub**
 STREET ADDRESS **One Ravinia Dr., Ste. 1500**
 CITY-ST-ZIP **Atlanta, GA 30346**

TITLE **AS** ☐ Change ☒ Addition
 NAME **Wynn G. Sims**
 STREET ADDRESS **One Ravinia Dr., Ste. 1500**
 CITY-ST-ZIP **Atlanta, GA 30346**

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: Wynn G. Sims, Asst. Sec.

7/15/02

678-443-6775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)