

2000 UNIFORM BUSINESS REPORT (UBR)

041249C

DOCUMENT # F97000006084

1. Entity Name

PHARMERICA, INC.

APPROVED
AND
FILED

00 MAR -8 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

175 KELSEY LANE
TAMPA FL 33619

175 KELSEY LANE
TAMPA FL 33619-4336

2. Principal Place of Business

4000 metropolitan Drive

3. Mailing Address

4000 metropolitan Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange CA

City & State

Orange CA

4. FEI Number

11-2310352

Applied For

Not Applicable

Zip

92868

Country

USA

Zip

92868

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd.

City

Plantation

-03/15/00

FD10 553943

***150.00

***150.00

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

M.T. FITZPATRICK

ASSISTANT SECRETARY

March 7, 2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO
NAME RENSCHLER, C. ARNOLD
STREET ADDRESS 175 KELSEY LANE
CITY-ST-ZIP TAMPA FL 33619 ☒ Delete

TITLE Pres.
NAME Charles J. Carpenter
STREET ADDRESS 4000 metropolitan Dr.
CITY-ST-ZIP Orange CA 92868 ☒ Change ☐ Addition

TITLE EVPC
NAME DELLA VALLE, BOB
STREET ADDRESS 9901 E. VALLEY RANCH PKWY., STE. 3001
CITY-ST-ZIP IRVING TX 75063 ☒ Delete

TITLE EVP
NAME Neil F. Dimick
STREET ADDRESS (Same)
CITY-ST-ZIP (Same) ☒ Change ☐ Addition

TITLE VPT
NAME GERLACH, JERRY
STREET ADDRESS 175 KELSEY LANE
CITY-ST-ZIP TAMPA FL 33619 ☒ Delete

TITLE Sec.
NAME milan A. Sawdei
STREET ADDRESS (Same)
CITY-ST-ZIP (Same) ☒ Change ☐ Addition

TITLE SVP
NAME JOHNSON, CURT
STREET ADDRESS 175 KELSEY LANE
CITY-ST-ZIP TAMPA FL 33619 ☒ Delete

TITLE Pres.
NAME Eric J. Schmitt
STREET ADDRESS (Same)
CITY-ST-ZIP (Same) ☒ Change ☐ Addition

TITLE VPMS
NAME JONES, SCOTT
STREET ADDRESS 175 KELSEY LANE
CITY-ST-ZIP TAMPA FL 33619 ☒ Delete

TITLE Sec.
NAME milan A. Sawdei
STREET ADDRESS (Same)
CITY-ST-ZIP (Same) ☒ Change ☐ Addition

TITLE VPCI
NAME KERNAGHAN, JOHN
STREET ADDRESS 175 KELSEY LANE
CITY-ST-ZIP TAMPA FL 33619 ☒ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

milan A. Sawdei

2/23/00

Date

Daytime Phone #

714-355-4000

CR2E034 (9/99)