

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY -1 PM 3:13

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G28070** (2)

1. Corporation Name

SUNCOAST MEDICAL PHARMACY, INC.

Principal Place of Business

**700 6TH ST S
ST PETERSBURG FL 33701**

Mailing Address

**700 6TH ST S
ST PETERSBURG FL 33701**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **03/16/1983** 3a. Date of Last Report **01/24/1994**

4. FEI Number **59-2295763** 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 has liability for intangible tax under S. 193(3)(2) Florida Statutes: ☐ yes ☒ no

2. Principal Place of Business 2a. Mailing Address
21 **661 SEVENTH STREET SO** 26 **601 SEVENTH STREET SO**
State Apt # etc. State Apt # etc.
22 **ST. PETERSBURG, FL** 27 **ST. PETERSBURG, FL**
City & State City & State
24 **33701** 25 **USA** 29 **33701** 30 **USA**
Zip Country Zip Country

9. Name and Address of Current Registered Agent

**ROHR, MICHAEL R.
700 6TH STREET S.
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name **ROHR, MICHAEL R.**
82 Street Address (P.O. Box Number is Not Acceptable) **601 SEVENTH STREET SO.**
83
84 City **ST. PETERSBURG** FL 85 Zip Code **33701**

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 607.1502, Florida Statutes.

SIGNATURE

Signature of Registered Agent (This field is required for all filings)

Signature of Registered Agent (This field is required for all filings)

DATE

12. OFFICERS AND DIRECTORS

1. NAME **PD**
2. NAME **OSHER, GARY C**
3. STREET ADDRESS **700 6 ST S**
4. CITY & STATE **ST PETE, FL 00000**
5. NAME **DVP**
6. NAME **DRESNER, DAVID M**
7. STREET ADDRESS **700 6 ST S**
8. CITY & STATE **ST PETE, FL 00000**
9. NAME
10. NAME
11. STREET ADDRESS
12. CITY & STATE
13. NAME
14. NAME
15. STREET ADDRESS
16. CITY & STATE
17. NAME
18. NAME
19. STREET ADDRESS
20. CITY & STATE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 1)

1. NAME **PD** ☒ Change ☐ Addition
2. NAME **OSHER, GARY C.**
3. STREET ADDRESS **601 SEVENTH STREET SO**
4. CITY & STATE **ST. PETERSBURG, FL 33701**
5. NAME **DVP** ☒ Change ☐ Addition
6. NAME **DRESNER, DAVID M.**
7. STREET ADDRESS **601 SEVENTH STREET SO.**
8. CITY & STATE **ST. PETERSBURG, FL 33701**
9. NAME ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY & STATE
13. NAME ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY & STATE
17. NAME ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY & STATE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included 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. 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 on Block 12 or Block 13 of this filing, or on an attachment to an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M. DRESNER, M.D.

4-28-95 (813) 894-1818