

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # G28070 (2)

1. Corporation Name

SUNCOAST MEDICAL PHARMACY, INC.



Principal Place of Business

601 7TH STREET, SOUTH  
ST PETERSBURG FL 33701  
US

Mailing Address

601 7TH STREET, SOUTH  
ST PETERSBURG FL 33701  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ROHR, MICHAEL R.  
601 7TH STREET SO  
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified

03/16/1983

3a. Date of Last Report

05/01/1995

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. 199.032,  
Florida Statutes

☐ Yes

☒ No

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: MICHAEL R. ROHR, ADMINISTRATOR

Signature typed or printed name of registered agent and date of filing

(Date) Registered Agent Signature required when terms change

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME OSHER, GARY C  
STREET ADDRESS 601 7TH ST SO.  
CITY-ST-ZIP ST PETE, FL 00000

TITLE DVP  
NAME DRESNER, DAVID M  
STREET ADDRESS 601 7TH STREET SO  
CITY-ST-ZIP ST PETE, FL 00000

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME OSHER, GARY L.  
13 STREET ADDRESS  
14 CITY-ST-ZIP ZIP 33701

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP ZIP 33701

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(813) 894-1818

Date

Day/Time Phone #

CR2E034 (12/95)