

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H05518** (6)

1. Corporation Name

PHYSICIANS' FORMULARY SERVICES, INC.



Principal Place of Business

**C/O WILLIAM P. KENNEDY
4506 L. B. MCLEOD RD. #F
ORLANDO FL 32811**

Mailing Address

**C/O WILLIAM P. KENNEDY
4506 L. B. MCLEOD RD. #F
ORLANDO FL 32811**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**GRIGGS, STEPHEN P.
4506 L. B. MCLEOD RD. #F
ORLANDO FL 32811**

3. Date Incorporated or Qualified

05/30/1984

3a. Date of Last Report

02/09/1995

4. FEI Number

59-2413687

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

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

(If filer is not agent, signature must be typed or printed)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **STD
GRIGGS, STEPHEN**
STREET ADDRESS **4506 L.B. MCLEAD RD #F**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **T
IRISH, REBECCA R.**
STREET ADDRESS **4506 L B MCLEOD RD #F**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PASD**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP **32811**

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME **STD**

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP **32811**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 this address.

SIGNATURE:

Rebecca R. Irish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/96

Date

407-841-2115

Daytime Phone

CR2E034 (12/95)