

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

192

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 FEB 17 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # H05518 (6)
1. Corporation Name
PHYSICIANS' FORMULARY SERVICES, INC.

Principal Place of Business
G/O WILLIAM P. KENNEDY
4506 L. B. MCLEOD RD. #F
ORLANDO FL 32811

Mailing Address
G/O WILLIAM P. KENNEDY
4506 L. B. MCLEOD RD. #F
ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		25 P.O. Box 53-6576		05/30/1984	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 Orlando, FL		59-2413687	
24 Country		29 32853-6576		5. Certificate of Status Desired	
		30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Corporation Service Company
82 Street Address (P.O. Box Number, Not Acceptable) 1201 Acuity Street
83
84 City Tallahassee FL 85 Zip Code 32301

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, familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Karen B. Rozar, As Its Agent
DATE 2.17.98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PASD	1.1 TITLE	D/P
NAME	GRIGGS, STEPHEN	1.2 NAME	Stephen P. Griggs
STREET ADDRESS	4506 L.B. MCLEOD RD #F	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	V.P.
NAME	IRISH, REBECCA R.	2.2 NAME	Janet L. Ziomek
STREET ADDRESS	4506 L B MCLEOD RD #F	2.3 STREET ADDRESS	4506 L.B. Mcleod Rd., Suite F
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE		3.1 TITLE	S
NAME		3.2 NAME	n. Scott Novell
STREET ADDRESS		3.3 STREET ADDRESS	4506 L.B. Mcleod Rd., Suite F
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando, FL 32811
TITLE		4.1 TITLE	D
NAME		4.2 NAME	Marc Levin
STREET ADDRESS		4.3 STREET ADDRESS	10065 Red Run Blvd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Owings Mills, MD 21117
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Marshall Elkins
STREET ADDRESS		5.3 STREET ADDRESS	10065 Red Run Blvd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Owings Mills, MD 21117
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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.

CR2E034 (10/97)

200002433032--4

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ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION :

Patricia Pigott

COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998

ORDER TIME : 10:21 AM

ORDER NO. : 708230-400

CUSTOMER NO: 7120726

CUSTOMER: Ms. Dawn Anderson
Rotech Medical Corporation
Suite F
4506 L B Mcleod Road
Orlando, FL 32811

RECEIVED
98 FEB 17 AM 11:32
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: PHYSICIANS' FORMULARY
SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JANNA WILSON

EXAMINER'S INITIALS:

JP
2/17/98