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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H05518 (6)

FILED

98 FEB 17 PH 3: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PHYSICIANS' FORMULARY SERVICES, INC.				THE TANK OUT TO THE TOTAL PROPERTY OF THE PARTY OF THE PA	\
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Principal Plac	ce of Business	Mailing Address		i in bidii diii 00101 Bildi aildi ilbai Laii 6184 Al	Mat arast atalt atalt 41811 (68)
	M P, KENNEDY.	-C/O-WILLIAM P. KENNEDA			
4508 L. B. MCLEOD RD. #F		4506 L. B. MCLEOD RD. #F		DO NOT WRITE IN THIS	SPACE
ORLANDO FL 32811		ORLANDO FL 32811		3. Date Incorporated or Qualified	OTTIOL
]				05/30/1984	
2. Principal F	lace of Business	2a. Mailing Address		4. FEt Number	Applied For
21		26 P.O. Box 53-	·6576	59-2413687	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		S. Commodo o Balas Bollino	Fee Required
City & Stat	le	City & State	L	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Orlando, F	Country	Trust Fund Contribution	Added to Fees
24	25	29 3 2853-65763		 This corporation owes or has paid the cu Personal Property Tax due June 30. 	urrent year Intangible Yes No
24	9. Name and Address of Currer			10. Name and Address of New Registered	
0	RIGGS, STEPHEN P.		81 Name	. ا	10 11 0 11
	506 L. B. MCLEOD RD. #F		00 00 00	or poration Dervice	e company
	RLANDO FL 32811		82 Street Add	ress (P.D., Box Number of Not Acceptable)	' /
_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		83	V. 1.29301122	
			84 City		at 7.0 Code
			- 1 1 1G.	llahassee Fl	- * 3230\
11. Pursuant	to the provisions of Sections 607.050	J2 and 607 1508, Florida Statutes	, the above-named cor	poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	of changing its registered
office or l	registered agent, or both, in the State On familiar with, and accept the oblig	: of Florida. Such change was au ations of, Section 607-0505, Elon	inorized by the corpora danBatutas⊷ A s T+s	tion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	1) aren B. Ks	Q/ Karen b	. Korali, ve ite	, Agent	9.17.56
	Signature, typed or pouled name of registered ago		Registered Agent signature requi		
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
THILE	GRIGGS, STEPHEN	TI DETELE	1.1 TITLE 15	/P tephen P. Griggs	TAC CHANGE TANGULON
NAME	4506 L.B. MCLEAD RD #F		1.2 NAME	repriese 1. Griggs	
STREET ADDRESS	ORLANDO FL		1.3 STREET ADDRESS		Ì
CITY-ST-ZIP TITLE	STD STD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE V.	D	
NAME	IRISH, REBECCA R.		2.2 NAME 3	1.	Change Addition
STREET ADDRESS	4506 L B MCLEOD RD #F			and 1 2 lamek	Change Addition
CITY-ST-ZIP	ORLANDO FL		2.3 CIRELI ADDRESS 45	inet L. Ziomek	
TITLE	I URLAMUU FI.			inet L. Ziomek 506 L.B. McLeod Ra., Snit Hando Fl. 32811	
r	ONLAWOU PL	☐ DELETE	2. 4 CITY-ST-ZIP 0 3.1 TITLE 5	-lando, FL 32811	
NAME	ORDANDO PE	DELETE	2. 4 CITY-ST-ZIP 0 3.1 TITLE 5		e F
NAME STREET ADDRESS	ONDAINDO PE	DETE	2.4 CITY-ST-ZIP	rlando, FL 32811 .Scott Novell	Change Addition
	ONDAINDO PE	☐ DETETE	2.4 CITY-ST-ZIP	rlando, FL 32811 .Scott Novell 506 L.B. McLeod Rd, Su	Change Addition
STREET ADDRESS	UNIXIVDU PL	☐ DELETE	2.4 CITY-ST-ZIP	rlando, FL 32811 .Scott Novell	Change Addition
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14. Thereby 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 logal 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.



ACCOUNT	NO	072100000032	
ACCOUNT	NO.	 0/2100000032	

REFERENCE :

708230

7120726

AUTHORIZATION

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

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:

21798