

2001 UNIFORM BUSINESS REPORT (UBR)

pg 192

0068615

DOCUMENT # H05518

1. Entity Name
PHYSICIANS' FORMULARY SERVICES, INC.

FILED

01 MAY -8 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

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

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

2600 Technology Dr.

P.O. Box 53-6576

Suite 300 etc.

Suite, Apt. #, etc.

Orlando, FL

Orlando, FL

32804

Co USA

32853-6576

USA

4. FEI Number **59-2413687**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **GRIGGS, STEPHEN P**
STREET ADDRESS **4506 L.B.MCLEAD RD. SUITE F**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **Stephen D. Linehan** ☒ Change ☐ Addition
NAME **2600 Technology Dr., Suite 300**
STREET ADDRESS **Orlando, FL 32804**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **ZIOMEK, JANET L**
STREET ADDRESS **4506 L.B. MCLEOD RD., SUITE F**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☒ Change ☐ Addition
NAME **2600 Technology Dr., Suite 300**
STREET ADDRESS **Orlando, FL 32804**
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **NOVELL, N. SCOTT**
STREET ADDRESS **4506 L.B. MCLEOD RD., SUITE F**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☒ Change ☐ Addition
NAME **2600 Technology Dr., Suite 300**
STREET ADDRESS **Orlando, FL 32804**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LEVIN, MARC**
STREET ADDRESS **910 RIDGEBROOK ROAD**
CITY-ST-ZIP **SPARKS GLENCOE MD 21152**

TITLE ☐ Change ☐ Addition
NAME **500004162905--1**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ELKINS, MARSHALL**
STREET ADDRESS **910 RIDGEBROOK ROAD**
CITY-ST-ZIP **SPARKS GLENCOE MD 21152**

TITLE ☐ Change ☐ Addition
NAME **SP**
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental report is true and accurate and 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

4/20/2001

(407) 822-4600

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER R DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

8292



ACCOUNT NO. : 072100000032

REFERENCE : 142468 7120726

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 550.00

RECEIVED
01 MAY -8 AM 11:28
DIVISION OF CORPORATION

ORDER DATE : May 8, 2001

ORDER TIME : 10:47 AM

ORDER NO. : 142468-045

CUSTOMER NO: 7120726

CUSTOMER: Ms. Dawn Dreghorn
Rotech Medical Corporation
Suite 300
2600 Technology Drive
Orlando, FL 32804

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: Susie Knight-EXT#1156

EXAMINER'S INITIALS: _____