

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H72690 (1)

1. Corporation Name

PVM PRESCRIPTION CENTER, INC.



Principal Place of Business

930 MARCUM RD., SUITE 5
LAKELAND FL 33809

Mailing Address

930 MARCUM RD., SUITE 5
LAKELAND FL 33809

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

3. Date Incorporated or Qualified

08/23/1985

3a. Date of Last Report

04/21/1995

4. FEI Number

59-2552036

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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALLEJO, SERGIO R.
875 HANOVER WAY
LAKELAND FL 33813

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS VALLEJO, SERGIO R.
CITY-STATE-ZIP 875 HANOVER WAY
LAKELAND FL

TITLE ☐ DELETE

NAME VD
STREET ADDRESS MOORE, STEVEN T.
CITY-STATE-ZIP 313 ECHO PINES
LAKELAND FL

TITLE ☐ DELETE

NAME STD
STREET ADDRESS VALLEJO, KIM N.
CITY-STATE-ZIP 875 HANOVER WAY
LAKELAND FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS MOORE, THOMAS W., JR.
CITY-STATE-ZIP 2025 SYLVESTER ROAD
LAKELAND FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS VALLEJO, MIRTHA A.
CITY-STATE-ZIP 2222 HOLLINGSWORTH HILL
LAKELAND FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS WEBB, W. CAREY
CITY-STATE-ZIP 2404 HOLLINGSWORTH HILL
LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Kim N. Vallejo

Kim N. Vallejo

4-10-96

941-859-1299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)