

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 # **J56577** (6)

1. Corporation Name

**SUNCOAST PHARMACY SERVICES, INC.**



Principal Place of Business

Mailing Address

10065 RE RUN BLVD.  
OWINGS MILLS MD 21117

10065 RE RUN BLVD.  
OWINGS MILLS MD 21117

3. Date Incorporated or Qualified  
**02/11/1987**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

**59-2773492**

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

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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**  
CIRKA, LAWRENCE. P  
STREET ADDRESS **10065 RED RUN BLVD.**  
CITY-ST-ZIP **OWINGS MILLS MD 21117**

TITLE ☐ DELETE  
NAME **VD**  
ELKINS, MARSHALL A  
STREET ADDRESS **10065 RED RUN BLVD.**  
CITY-ST-ZIP **OWINGS MILLS MD 21117**

TITLE ☐ DELETE  
NAME **SD**  
LEVINTSON, MARC B  
STREET ADDRESS **10065 RED RUN BLVD.**  
CITY-ST-ZIP **OWINGS MILLS MD 21117**

TITLE ☐ DELETE  
NAME **V**  
CAHILL, DENNIS. A  
STREET ADDRESS **10065 RED RUN BLVD.**  
CITY-ST-ZIP **OWING MILLS FL 21117**

TITLE ☐ DELETE  
NAME **V**  
PICKETT, TAYLOR  
STREET ADDRESS **10065 RED RUN BLVD.**  
CITY-ST-ZIP **OWING MILLS MD 21117**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

*Fulchino, Mark*

**000001734730**

**03/06/96--01038--001**

**\*\*\*6800.00**

☐ Change ☐ Addition

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: *Mark Fulchino* **mark Fulchino**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/96**

**(410) 998-8578**

Daytime Phone #

CR2E034 (12/95)