

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90141 005 \*\*\*550.00

**DOCUMENT # K17847**

1. Entity Name

**PROFESSIONAL RX SYSTEMS, INC.**

Principal Place of Business

1771 W. DIEHL  
 SUITE 210  
 NAPERVILLE IL 60563

Mailing Address

ONE RAVINIA DR  
 STE 1500  
 ATLANTA GA 30346  
 US

2. Principal Place of Business

*One Ravinia Dr.*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
*Suite 1500*

City & State  
*Atlanta, GA*

City & State

4. FEI Number **65-0032651**

Applied For  
 Not Applicable

Zip  
*30346*

Country  
*USA*

Zip Country

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD**  
**PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent 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!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 VS ☐ Delete  
 NAME MIELE, STEFANO M  
 STREET ADDRESS 1 RAVINIA DRIVE SUITE 1500  
 CITY-ST-ZIP ATLANTA GA 30346

TITLE *Director & Secretary* ☒ Change ☐ Addition  
 NAME *Stefano M. Miele*  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE PDT ☐ Delete  
 NAME GENTRY, BOYD P  
 STREET ADDRESS ONE RAVINIA DR., SUITE 1500  
 CITY-ST-ZIP ATLANTA GA 30346

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

TITLE VP ☐ Delete  
 NAME NATERMAN, JOHN  
 STREET ADDRESS 1 RAVINIA DRIVE SUITE 1500  
 CITY-ST-ZIP ATLANTA GA 30346

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

TITLE D ☒ Delete  
 NAME WHITTLE, SUSAN T  
 STREET ADDRESS ONE RAVINIA DRIVE #1500  
 CITY-ST-ZIP ATLANTA GA 30346

TITLE VP AS ☐ Change ☒ Addition  
 NAME Darrell D. Zurovec  
 STREET ADDRESS One Ravinia Dr., Ste. 1500  
 CITY-ST-ZIP Atlanta, GA 30346

TITLE VPAS ☒ Delete  
 NAME MOLLET, CHRIS J  
 STREET ADDRESS 1771 W DIEHL ROAD, STE 210  
 CITY-ST-ZIP NAPERVILLE IL 60563

TITLE VP AT ☐ Change ☒ Addition  
 NAME William C. Straub  
 STREET ADDRESS One Ravinia Dr., Ste. 1500  
 CITY-ST-ZIP Atlanta, GA 30346

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE AS ☐ Change ☒ Addition  
 NAME Wynn G. Sims  
 STREET ADDRESS One Ravinia Dr., Ste. 1500  
 CITY-ST-ZIP Atlanta, GA 30346

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Wynn G. Sims* Asst. Sec.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02  
 Date

678-443-6775  
 Daytime Phone #

CR2E034 (4/02)