


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L29299 1. Entity Name SETON PHARMACY, INC.	
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Principal Place of Business C/O LAURIE S TEPPERT 1801 BARRS STREET SUITE 615 JACKSONVILLE, FL 32204 US	Mailing Address C/O LAURIE S TEPPERT 1801 BARRS STREET SUITE 615 JACKSONVILLE, FL 32204 US
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3001427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEPPERT, LAURIE S
SVP AND GENERAL COUNSEL
1801 BARRS STREET SUITE 615
JACKSONVILLE, FL 32204

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000051710 02/16/04-80062-017 600.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAHER, JOHN J 1801 BARRS STREET SUITE 600 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NORMAN, JEFFREY 1801 BARRS STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CORRIGAN, JAMES M 1801 BARRS STREET SUITE 600 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PERRY, KENNETH C 1800 BARRS STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SINCLAIR, DONNA 1801 BARRS STREET SUITE 600 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2/12/04** **(904) 308-4001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #