

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0022874 AV

DOCUMENT # L29299

1. Entity Name
SETON PHARMACY, INC.



FILED

03 FEB -3 AM 11:38

TALLAHASSEE, FLORIDA



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3001427

Applied For
Not Applicable

Zip

Country

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

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

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 *Laurie S. Teppert*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MAHER, JOHN J
STREET ADDRESS 1801 BARRS STREET SUITE 600
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400011593224
01/31/03--01061--009 **150.00 ☐ Change ☐ Addition

TITLE VP
NAME LOGUE, JOHN W
STREET ADDRESS 1801 BARRS STREET
CITY-ST-ZIP JACKSONVILLE FL 32204 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Y.P. Jeffery Norman
1501 Barrs St.
Jacksonville, FL 32204 ☒ Change ☒ Addition

TITLE ST
NAME CORRIGAN, JAMES M
STREET ADDRESS 1801 BARRS STREET SUITE 600
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

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

TITLE VP
NAME PERRY, KENNETH C
STREET ADDRESS 1800 BARRS STREET
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

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

TITLE AS
NAME SINCLAIR, DONNA
STREET ADDRESS 1801 BARRS STREET SUITE 600
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Sig. Maher* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-308-4001

CR2E034 (10/02)