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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L42049**

1. Corporation Name
PHARMACY DYNAMICS GROUP, INC.

Principal Place of Business	Mailing Address
3611 QUEEN PALM DRIVE TAMPA FL 33619 US	3611 QUEEN PALM DRIVE TAMPA FL 33619 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/09/1990

2. Principal Place of Business	2a. Mailing Address
21 175 Kelsey Lane	26 175 Kelsey Lane
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33619 Country 25 US	Zip 29 33619 Country 30 US

4. FEI Number: 65-0166808 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BANKS, DAVID R.		1.2 NAME		
STREET ADDRESS	5111 ROGERS AVENUE, SUITE 40-A		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT SMITH AR		1.4 CITY-ST-ZIP		
TITLE	PCEO	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	RENSCHLER, C. ARNOLD MD		2.2 NAME		
STREET ADDRESS	3611 QUEEN PALM DRIVE		2.3 STREET ADDRESS	175 Kelsey Lane	
CITY-ST-ZIP	TAMPA FL 33630		2.4 CITY-ST-ZIP	Tampa, FL 33619	
TITLE	VCD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HENDRICKSON, BOYD W		3.2 NAME		
STREET ADDRESS	5111 ROGERS AVENUE, SUITE 40-A		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT SMITH AR 72919-0155		3.4 CITY-ST-ZIP		
TITLE	VPT	☐ DELETE	4.1 TITLE	VP/Controller	☒ Change ☐ Addition
NAME	GERLACH, JERRY		4.2 NAME		
STREET ADDRESS	3611 QUEEN PALM DRIVE		4.3 STREET ADDRESS	175 Kelsey Lane	
CITY-ST-ZIP	TAMPA FL 33619		4.4 CITY-ST-ZIP	Tampa, FL 33619	
TITLE	VPC	☒ DELETE	5.1 TITLE	VP/CFO	☐ Change ☒ Addition
NAME	HOFMEISTER, TOM		5.2 NAME	David Redmond	
STREET ADDRESS	3611 QUEEN PALM DRIVE		5.3 STREET ADDRESS	175 Kelsey Lane	
CITY-ST-ZIP	TAMPA FL 33619		5.4 CITY-ST-ZIP	Tampa, FL 33619	
TITLE		☐ DELETE	6.1 TITLE	EVP/COO	☐ Change ☒ Addition
NAME			6.2 NAME	Bob Della Valle	
STREET ADDRESS			6.3 STREET ADDRESS	9901 E. Valley Ranch Pkwy Ste 3001	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Irving, TX 75063	

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: David L. Redmond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #