

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L42049

1. Entity Name

PHARMACY DYNAMICS GROUP, INC.

FILED

00 MAR -8 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

175 KELSEY LN.  
TAMPA FL 33619  
US

175 KELSEY LN.  
TAMPA FL 33619-4336  
US

2. Principal Place of Business

4000 Metropolitan Dr.

3. Mailing Address

4000 Metropolitan Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange CA

City & State

Orange CA

Zip

92868

Country

USA

Zip

92868

Country

USA

4. FEI Number

65-0166808

Applied For

Not Applicable

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.

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	CD	<input checked="" type="checkbox"/> Delete
NAME	BANKS, DAVID R.	
STREET ADDRESS	5111 ROGERS AVENUE, SUITE 40-A	
CITY-ST-ZIP	FORT SMITH AR	
TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	RENSCHLER, C. ARNOLD MD	
STREET ADDRESS	175 KELSEY LN.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	HENDRICKSON, BOYD W	
STREET ADDRESS	5111 ROGERS AVENUE, SUITE 40-A	
CITY-ST-ZIP	FORT SMITH AR 72919-0155	
TITLE	VPC	<input checked="" type="checkbox"/> Delete
NAME	GERLACH, JERRY	
STREET ADDRESS	175 KELSEY LN	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DAVID, REDMOND	
STREET ADDRESS	175 KELSEY LN.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	BOB, DELLA VALLE	
STREET ADDRESS	9901 E. VALLEY RANCH PKWY STE 3001	
CITY-ST-ZIP	IRVING TX 75063	

TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles J. Carpenter	
STREET ADDRESS	4000 Metropolitan Dr.	
CITY-ST-ZIP	Orange CA 92868	
TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nzil F. Dimick	
STREET ADDRESS	(Same)	
CITY-ST-ZIP		
TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Milan A. Sawdei	
STREET ADDRESS	(Same)	
CITY-ST-ZIP		
TITLE	Tres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eric J. Schmitt	
STREET ADDRESS	(Same)	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Milan A. Sawdei	
STREET ADDRESS	(Same)	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an office like empowered.

SIGNATURE:

*Milan A. Sawdei*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Milan A. Sawdei

2/23/00

Date

714 385 4000

Daytime Phone #

CR2E034 (9/99)