

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90155 012 ***150.00

DOCUMENT # L42049

1. Entity Name

PHARMACY DYNAMICS GROUP, INC.

Principal Place of Business

Mailing Address

**4000 METROPOLITAN DRIVE
 ORANGE CA 92868
 US**

**4000 METROPOLITAN DRIVE
 ORANGE CA 92868
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 2001 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 **P** ☐ Delete
 NAME **CARPENTER, CHARLES J**
 STREET ADDRESS **4000 METROPOLITAN DRIVE**
 CITY-ST-ZIP **ORANGE CA 92868**

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

TITLE **EVP** ☐ Delete
 NAME **DIMICK, NEIL F**
 STREET ADDRESS **4000 METROPOLITAN DRIVE**
 CITY-ST-ZIP **ORANGE CA 92868**

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

TITLE **SD** ☐ Delete
 NAME **SAWDEI, MILAN A**
 STREET ADDRESS **4000 METROPOLITAN DRIVE**
 CITY-ST-ZIP **ORANGE CA 92868**

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

TITLE **T** ☒ Delete
 NAME **SCHMITT, ERIC J**
 STREET ADDRESS **4000 METROPOLITAN DRIVE**
 CITY-ST-ZIP **ORANGE CA 92868**

TITLE **T** ☐ Change ☒ Addition
 NAME **Montevideo, Michael**
 STREET ADDRESS **4000 METROPOLITAN DRIVE**
 CITY-ST-ZIP **ORANGE CA 92868**

TITLE **VP** ☒ Delete
 NAME **DAVID, REDMOND**
 STREET ADDRESS **4000 METROPOLITAN DRIVE**
 CITY-ST-ZIP **ORANGE CA 92868**

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

TITLE **EVP** ☒ Delete
 NAME **BOB, DELLA VALLE**
 STREET ADDRESS **4000 METROPOLITAN DRIVE**
 CITY-ST-ZIP **ORANGE CA 92868**

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEIL F. DIMICK EVP

Date

1/19/01

Daytime Phone #

(714) 385-4000

CR2E034 (10/00)



Attachment #
L42049

4000 Metropolitan Drive, Orange, CA 92868 (714) 385-4000

January 17, 2001

#42049

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Pharmacy Dynamics Group, Inc.

Dear Sir/Madam:

Enclosed please find the 2001 Uniform Business Report for Pharmacy Dynamics Group, Inc. for filing with your office. Also enclosed is a check for the filing fee of \$150.00.

Please file the enclosed documents and forward a file-stamped copy to our office in the enclosed return envelope.

Should you have any questions, please feel free to contact me at (714) 385-4563.

Sincerely,

A handwritten signature in cursive script that reads "Sharon Lang".

Sharon Lang
Administrative Assistant
Tax Department
Bergen Brunswig Corporation

SML
Enclosures (2)