

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L42049**

1. Entity Name
PHARMACY DYNAMICS GROUP, INC.

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90020 035 ***150.00

Principal Place of Business
**4000 METROPOLITAN DRIVE
ORANGE CA 92868
US**

Mailing Address
**4000 METROPOLITAN DRIVE
ORANGE CA 92868
US**

2. Principal Place of Business
1300 Morris Drive

3. Mailing Address
P.O. Box 959

Suite, Apt. #, etc.

City & State
Chesterbrook, PA

City & State
Valley Forge, PA

Zip
19087-5594

Country
US

Zip
19482

Country
US

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
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
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 _____ (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. ☐ **FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, CHARLES J		NAME		
STREET ADDRESS	4000 METROPOLITAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORANGE CA 92868		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMICK, NEIL F		NAME		
STREET ADDRESS	4000 METROPOLITAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORANGE CA 92868		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Director/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAWDEI, MILAN A		NAME	William D. Sprague	
STREET ADDRESS	4000 METROPOLITAN DRIVE		STREET ADDRESS	4000 Metropolitan Drive	
CITY-ST-ZIP	ORANGE CA 92868		CITY-ST-ZIP	Orange, CA 92868	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTEVIDEO, MICHAEL		NAME		
STREET ADDRESS	4000 METROPOLITAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORANGE CA 92868		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Kent Harms	
STREET ADDRESS			STREET ADDRESS	4000 Metropolitan Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Orange, CA 92868	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Kent Harms* **RE REQUIRED** Kent Harms, Assistant Secretary 1/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)