

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

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DOCUMENT # N18740

1. Corporation Name

PASCO-HERNANDO PHARMACY ASSOCIATION, INC.

Principal Place of Business

P. O. BOX 1487
ELFERS FL 34680
US

Mailing Address

P. O. BOX 1487
ELFERS FL 34680
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/14/1987

4. FEI Number

59-2758857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BERGEMANN, DONALD A
214 HOLLOW OAK CT.
TARPON SPRINGS FL 34689

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ASTLE, ELIZABETH
STREET ADDRESS 747 TIMUGUANA LANE
CITY-ST-ZIP PALM HARBOR FL 34683 ☒ DELETE

TITLE T
NAME DARCY, MICHAEL
STREET ADDRESS 1324 DINSMORE CT
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ DELETE

TITLE VD
NAME BENNER, JIM
STREET ADDRESS 4604 ROWE DR.
CITY-ST-ZIP NEW PT RICHEY FL 34608 ☒ DELETE

TITLE D
NAME COIT, KEVIN
STREET ADDRESS 10465 TASSEL STREET
CITY-ST-ZIP SRPING HILL FL ☒ DELETE

TITLE D
NAME KACZMARCZYK, CHRIS
STREET ADDRESS 13164 JESSICA DR
CITY-ST-ZIP SPRING HILL FL 34609 ☐ DELETE

TITLE D
NAME GERAGHTY, PATRICK
STREET ADDRESS 5443 LOS PALOS DR
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME BENNER, JIM
1.3 STREET ADDRESS 4604 ROWE DRIVE
1.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34608 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE VD
3.2 NAME HARDCASTLE ZARENA
3.3 STREET ADDRESS 15438 BOOMING ROAD
3.4 CITY-ST-ZIP SPRING HILL, FL 34610 ☒ Change ☐ Addition

4.1 TITLE D
4.2 NAME BUTTACAVOLI, MIKE
4.3 STREET ADDRESS 8021 MOONLIGHT LANE
4.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34654 ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 617, 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:

Handwritten Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99 (727) 372-1331
Date Daytime Phone #

CR2E037 (11/98)