

| | |
|---|--|
| DOCUMENT # N99000002788 | |
| 1. Entity Name | |
| PRIORITY HEALTHCARE FOUNDATION, INC. | |

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90056 010 ****61.25

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 250 TECHNOLOGY PARK STE 124 LAKE MARY FL 32746 | 250 TECHNOLOGY PARK STE 124 LAKE MARY FL 32746 |



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 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 | 59-3573517 | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| |
|---|
| 6. Name and Address of Current Registered Agent |
| LUTTRELL, BARBARA J 250 TECHNOLOGY PARK STE 124 LAKE MARY FL 32746 |

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

| | | |
|---|---|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------------|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | MYERS, ROBERT L |
| STREET ADDRESS | 250 TECHNOLOGY PARK STE 124 |
| CITY-ST-ZIP | LAKE MARY FL 32746 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | PERFETTO, DONALD |
| STREET ADDRESS | 250 TECHNOLOGY PARK STE 124 |
| CITY-ST-ZIP | LAKE MARY FL 32746 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | LUTTRELL, BARBARA J |
| STREET ADDRESS | 250 TECHNOLOGY PARK STE 124 |
| CITY-ST-ZIP | LAKE MARY FL 32746 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara J. Luttrell 1-8-01 407-804-6772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)