

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002788

FILED
Jan 14, 2004
Secretary of State**Entity Name:** PRIORITY HEALTHCARE FOUNDATION, INC.**Current Principal Place of Business:**250 TECHNOLOGY PARK
LAKE MARY, FL 32746**New Principal Place of Business:****Current Mailing Address:**250 TECHNOLOGY PARK
LAKE MARY, FL 32746**New Mailing Address:****FEI Number:** 59-3573517**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHANAHAN, REBECCA M
250 TECHNOLOGY PARK
LAKE MARY, FL 32746**Name and Address of New Registered Agent:**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

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: PATRICK J. O'NEILL, ASST. SECY.

01/14/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COSLER, STEVEN D
Address: 250 TECHNOLOGY PARK
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Delete
Name: PERFETTO, DONALD
Address: 250 TECHNOLOGY PARK STE 124
City-St-Zip: LAKE MARY, FL 32746

Title: T () Delete
Name: SAFT, STEPHEN M
Address: 250 TECHNOLOGY PARK
City-St-Zip: LAKE MARY, FL 32746

Title: DS () Delete
Name: SHANAHAN, REBECCA M
Address: 250 TECHNOLOGY PARK
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: COSLER, STEVEN D
Address: 250 TECHNOLOGY PARK
City-St-Zip: LAKE MARY, FL 32746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVPT (X) Change () Addition
Name: SAFT, STEPHEN M
Address: 250 TECHNOLOGY PARK
City-St-Zip: LAKE MARY, FL 32746

Title: DVPS (X) Change () Addition
Name: SHANAHAN, REBECCA M
Address: 250 TECHNOLOGY PARK
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN M. SAFT

VPT

01/14/2004

Electronic Signature of Signing Officer or Director

Date