

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90151 044 ****61.25

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DOCUMENT # N99000006336

1. Entity Name

ST. VINCENT DEPAUL COMMUNITY PHARMACY OF CHARLOT

Principal Place of Business

Mailing Address

3129 TAMiami TRAIL
 UNIT D1
 PORT CHARLOTTE FL 33952

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 UNIT D1
 PORT CHARLOTTE FL 33952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0958642**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERRARA, THOMAS F.
211 WEST CHARLOTTE AVENUE
PUNTA GORDA FL 33950

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D PRESIDENT	<input type="checkbox"/> Delete
NAME	FERRARA, THOMAS	
STREET ADDRESS	1744 LOS ALAMOS DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASHLEY, ELIZABETH T	
STREET ADDRESS	1620 APPIAN DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERTSON, DAVID J	
STREET ADDRESS	2049 BIG PASS LANE	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	DONALD B. McELROY	<input checked="" type="checkbox"/> ADDITION
STREET ADDRESS	2500 HARBOR BLVD	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATRICIA GARRITON	<input checked="" type="checkbox"/> ADDITION
STREET ADDRESS	1266 GREENOAK TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTIAN ROGERS	
STREET ADDRESS	801 ISLAMORADO BLVD #24B	
CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILLIE ALLEN	
STREET ADDRESS	3006 CHANG WAY #604	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	1ST VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRENE JONES	
STREET ADDRESS	304 CORRIENTES CIR.	
CITY-ST-ZIP	PUNTA GORDA, FL 33982	
TITLE	2D VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLORIA HICASTRO	
STREET ADDRESS	2395 HARBOR BLVD A311	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK O. ASPERILLA M.D.	
STREET ADDRESS	287 FIELDS TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAY DURANDETTO	
STREET ADDRESS	1179 RIZZO ST.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	

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

Thomas F. Ferrara
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS F. FERRARA 4/23/01 941 766-9570
 Date Daytime Phone #

CR2E037 (10/00)