

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90029 014 ****61.25

DOCUMENT # N99000006336

1. Entity Name
ST. VINCENT DEPAUL COMMUNITY PHARMACY OF CHARLOTTE COUNTY, INC.

Principal Place of Business Mailing Address
3129 TAMiami TRAIL 3129 TAMiami TRAIL
UNIT D1 UNIT D1
PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952



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 Applied For
65-0958642 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<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 type="checkbox"/> Delete
NAME	MCELROY, DONALD B	
STREET ADDRESS	2500 HARBOR BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARRITON, PATRICIA	
STREET ADDRESS	1266 GREENOAK TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	D	<input type="checkbox"/> Delete
NAME	DURANDETTO, KAY	
STREET ADDRESS	1179 RIZZO STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASPERILLA, MARK O	
STREET ADDRESS	287 FIELDS TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, CHRISTIAN R.	
STREET ADDRESS	301 ISLAMORADA BLVD #24-B	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, BILLIE	
STREET ADDRESS	3006 CARING WAY #604	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, IRENE	
STREET ADDRESS	304 CORRIENTES CIR	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LICASTRO, GLORIA	
STREET ADDRESS	2395 HARBOR BLVD A311	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
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: CHRISTIAN R. ROGERS, Treasurer 3/1/02 941-637-6634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)