

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90593 033 ****61.25

DOCUMENT # N99000006336

1. Entity Name

ST. VINCENT DEPAUL COMMUNITY PHARMACY OF CHARLOTTE COUNTY, INC.



Principal Place of Business

**3129 TAMiami TRAIL
UNIT D1
PORT CHARLOTTE FL 33952**

Mailing Address

**3129 TAMiami TRAIL
UNIT D1
PORT CHARLOTTE FL 33952**

2. Principal Place of Business

1282 MARKET CIRCLE #6

3. Mailing Address

SAME AS 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

City & State

4. FEI Number **65-0958642**

Applied For

Not Applicable

Zip

33953

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Thomas F. Ferrara
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
Florida 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 checked="" 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	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 checked="" 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	1ST VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRENE JONES	
STREET ADDRESS	304 CORRIENTES CIR	
CITY-ST-ZIP	PUNTA GORDA, FL 33952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARL GERACE	
STREET ADDRESS	23188 FREEDOM AVE	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL G. STAMPARD, D.O.	
STREET ADDRESS	713 E. MARIOWAY SUITE 200	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
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: *Thomas F. Ferrara* **THOMAS F. FERRARA 3/11/03 (941) 766-9576**

CR2E037 (10/02)