

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90184 012 ***150.00

DOCUMENT # P00000102624

1. Entity Name
PHARMACY CARE SPECIALISTS INTERNATIONAL, INC.

Principal Place of Business 1903 CONGRESS AVE. #400 BOYNTON BEACH FL 33426	Mailing Address 1903 CONGRESS AVE. #400 BOYNTON BEACH FL 33426
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2. Principal Place of Business 2500 Quantum Lakes Drive	3. Mailing Address 2500 Quantum Lakes Drive
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Suite, Apt. #, etc. Ste. 1000	Suite, Apt. #, etc. Ste. 1000
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City & State Boynton Beach, FL	City & State Boynton Beach, FL
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Zip 33426	Country USA	Zip 33426	Country USA
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4. FEI Number 59-3679162	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDERSON, TIMOTNY K
631 US JWY ONE, STE 404
N PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name
Rodger L. Hochman
 Street Address (P.O. Box Number is Not Acceptable)
2500 Quantum Lakes Drive, Ste. 1000
 City **Boynton Beach** **FL** Zip Code **33426**

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 **Rodger L. Hochman** **4/18/01** DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCUY, JUAN 1903 CONGRESS AVE, #400 BOYNTON BEACH FL 33426	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIVINS, DANIEL W JR 1903 CONGRESS AVE, #400 BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOBRIN, ARTHUR 1903 CONGRESS AVE, #400 BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2500 Quantum Lakes Drive, Ste. 1000 Boynton Beach, FL 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2500 Quantum Lakes Drive, Ste. 1000 Boynton Beach, FL 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Pershes, Paul C. 2500 Quantum Lakes Drive, Ste. 1000 Boynton Beach, FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Pusateri, Dana 2500 Quantum Lakes Drive, Ste. 1000 Boynton Beach, FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dana Pusateri** **4/18/01** **561-742-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)