

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90314 048 ***150.00

DOCUMENT # P01000070416



1. Entity Name
PHARMACEUTICAL CARE NETWORK SERVICES CORPORATION

Principal Place of Business
**4791 TERRA SANTA
PENSACOLA FL 32504**

Mailing Address
**4791 TERRA SANTA
PENSACOLA FL 32504**

2. Principal Place of Business
610 N. ADAMS ST
Suite, Apt. #, etc.

3. Mailing Address
610 N. ADAMS ST
Suite, Apt. #, etc.

City & State
TALLAHASSEE FLORIDA
Zip
32301
Country
UNITED STATES

City & State
TALLAHASSEE FLORIDA
Zip
32301
Country
UNITED STATES

4. FEI Number **59-3738813**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, ROBERT
4791 TERRA SANTA
PENSACOLA FL 32504**

7. Name and Address of New Registered Agent

Name **MICHAEL A. JACKSON**
Street Address (P.O. Box Number is Not Acceptable)
610 N. ADAMS ST
FLORIDA PHARMACY ASSOCIATION
City **TALLAHASSEE FL** Zip Code **32301**

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 Michael A. Jackson **MICHAEL A. JACKSON EXECUTIVE VICE PRESIDENT** 1/23/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, ROBERT 4791 TERRA SANTA PENSACOLA FL 32504 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARCUS, JOY 13105 IXORA CT., #317 NORTH MIAMI FL 33181-2322 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUOMO, THOMAS 2124 SW 11TH CT. CAPE CORAL FL 33991 <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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 607, 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: Michael A. Jackson **MICHAEL A. JACKSON EXECUTIVE VICE PRESIDENT** 1/23/2003 (850) 222-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)