

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90006 023 ***150.00

DOCUMENT # P07284

1. Entity Name
INSTA-CARE PHARMACY SERVICES CORPORATION

Principal Place of Business

175 KELSEY LANE
TAMPA FL 33619
US

Mailing Address

4000 METROPOLITAN DRIVE
ORANGE CA 92868

2. Principal Place of Business
1300 Morris Drive

Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 959

Suite, Apt. #, etc.

City & State
Chesterbrook, PA

City & State
Valley Forge, PA

4. FEI Number
59-1817412

Applied For
Not Applicable

Zip
19087-5594

Country
US

Zip
19482

Country
US

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 _____ 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	CARPENTER, CHARLES J	
STREET ADDRESS	175 KELSEY LANE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	DIMICK, NEIL F	
STREET ADDRESS	4000 METROPOLITAN DRIVE	
CITY-ST-ZIP	ORANGE CA 92868	
TITLE	T	<input type="checkbox"/> Delete
NAME	MONTEVIDEO, MICHAEL	
STREET ADDRESS	400 METROPOLITAN DRIVE	
CITY-ST-ZIP	ORANGE CA 92868	
TITLE	ASEC	<input type="checkbox"/> Delete
NAME	HARMS, KENT	
STREET ADDRESS	4000 METROPOLITAN DRIVE	
CITY-ST-ZIP	ORANGE CA 92868	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAWDEI, MILAN A	
STREET ADDRESS	4000 METROPOLITAN DRIVE	
CITY-ST-ZIP	ORANGE CA 92868	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carpenter, Charles J.	
STREET ADDRESS	4000 Metropolitan Drive	
CITY-ST-ZIP	Orange, CA 92868	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William D. Sprague	
STREET ADDRESS	4000 Metropolitan Drive	
CITY-ST-ZIP	Orange, CA 92868	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Kent Harms

Kent Harms, Assistant Secretary **1/10/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)