**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 12 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000016962 (1)**

1. Corporation Name
**PROMED PHARMCENTER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 14001 DALLAS PKWY<br>SUITE 200<br>DALLAS TX 75240 | 14001 DALLAS PKWY.<br>SUITE 200<br>DALLAS TX 75240 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1993
3a. Date of Last Report: 02/21/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 2700 Colorado Ave. | 26 2700 Colorado Ave. |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Santa Monica, Ca | City & State<br>28 Santa Monica, Ca |
| Zip / County<br>24 90404 / 25 USA | Zip / County<br>29 90404 / 30 USA |

4. FEI Number: 76-0393768 ☐ Applied For ☐ Not Applicable

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

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

7. This corporation has initially or intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| PRENTICE-HALL CORPORATION SYSTEM INC.<br>1201 HAYES ST.<br>SUITE 105<br>TALLAHASSEE FL 32301 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Typed or printed name of registered agent and title if applicable) (Signature of Registered Agent, if changing) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | D/SVP/S ☒ Change ☐ Addition |
| NAME | BAILEY, BARY G | 12 NAME | Scott M. Brown |
| STREET ADDRESS | 8201 PRESTON RD., SUITE 300 | 13 STREET ADDRESS | 2700 Colorado Ave. |
| CITY ST ZIP | DALLAS TX 75225 | 14 CITY ST ZIP | Santa Monica,Ca 90404 |
| TITLE | D | 21 TITLE | P ☒ Change ☐ Addition |
| NAME | SMITH, W. RANDOLPH | 22 NAME | Michael H. Focht, Sr. |
| STREET ADDRESS | 8201 PRESTON RD., SUITE 300 | 23 STREET ADDRESS | 2700 Colorado Avenue |
| CITY ST ZIP | DALLAS TX 75225 | 24 CITY ST ZIP | Santa Monica, Ca 90404 |
| TITLE | D | 31 TITLE | EVP ☒ Change ☐ Addition |
| NAME | SABATINO, THOMAS J JR. | 32 NAME | Thomas B. Mackey |
| STREET ADDRESS | 8201 PRESTON RD., SUITE 300 | 33 STREET ADDRESS | 2700 Colorado Ave. |
| CITY ST ZIP | DALLAS TX 75225 | 34 CITY ST ZIP | Santa Monica, Ca 90404 |
| TITLE | | 41 TITLE | VP/T ☒ Change ☐ Addition |
| NAME | | 42 NAME | Terence P. McMullen |
| STREET ADDRESS | | 43 STREET ADDRESS | 2700 Colorado Ave, |
| CITY ST ZIP | | 44 CITY ST ZIP | Santa Monica, Ca 90404 |
| TITLE | | 51 TITLE | EVP ☒ Change ☐ Addition |
| NAME | | 52 NAME | W. Randolph Smith |
| STREET ADDRESS | | 53 STREET ADDRESS | 14001 Dallas Parkway, Ste. 200 |
| CITY ST ZIP | | 54 CITY ST ZIP | Dallas, Tx 75240 |
| TITLE | | 61 TITLE | VP/AS ☒ Change ☐ Addition |
| NAME | | 62 NAME | Thomas J. Sabatino, Jr. |
| STREET ADDRESS | | 63 STREET ADDRESS | 14001 Dallas Parkway, Ste. 200 |
| CITY ST ZIP | | 64 CITY ST ZIP | Dallas, Tx 75240 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

**SIGNATURE:** Thomas J. Sabatino, Jr. 4/7/95 214/789-2465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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