

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

97 JAN 24 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000016962 (1)**

1. Corporation Name

**PROMED PHARMICENTER, INC.**



Principal Place of Business

**2700 COLORADO AVE.  
SANTA MONICA CA 90404  
US**

Mailing Address

**2700 COLORADO AVE.  
SANTA MONICA CA 90404-3521  
US**

3. Date Incorporated or Qualified

**03/05/1993**

3a. Date of Last Report

**01/29/1996**

2. Principal Place of Business

**21 3820 State Street**

Suite, Apt. #, etc.

**22**

City & State

**23 Santa Barbara, CA**

Zip

**24 93105**

Country

**25 USA**

2a. Mailing Address

**26 c/o Mary H. Yumibe**

Suite, Apt. #, etc.

**27 3820 State Street**

City & State

**28 Santa Barbara, CA**

Zip

**29 93105**

Country

**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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DSVP** ☐ DELETE

NAME **BROWN, SCOTT M.**  
STREET ADDRESS **2700 COLORADO AVE.**  
CITY-ST-ZIP **SANTA MONICA CA**

TITLE **P** ☐ DELETE

NAME **FOCHT, MICHAEL H.**  
STREET ADDRESS **2700 COLORADO AVENUE**  
CITY-ST-ZIP **SANTA MONICA CA**

TITLE **EVP** ☐ DELETE

NAME **MACKEY, THOMAS B.**  
STREET ADDRESS **2700 COLORADO AVE.**  
CITY-ST-ZIP **SANTA MONICA CA**

TITLE **EVP** ☐ DELETE

NAME **SMITH, W. RANDOLPH**  
STREET ADDRESS **14001 DALLAS PARKWAY, STE. 200**  
CITY-ST-ZIP **DALLAS TX**

TITLE **VT** ☐ DELETE

NAME **MCMULLEN, TERENCE P**  
STREET ADDRESS **2700 COLORADO AVE.**  
CITY-ST-ZIP **SANTA MONICA CA 90404**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **3820 State Street**  
1.4 CITY-ST-ZIP **Santa Barbara, CA 93105**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS **3820 State Street**  
2.4 CITY-ST-ZIP **Santa Barbara, CA 93105**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS **2011 Palomar Airport Rd.**  
3.4 CITY-ST-ZIP **Carlsbad, CA 92009**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS **000002068130--0**  
4.4 CITY-ST-ZIP **-01/24/97--01086--022**  
**\*\*\*\*\*165.00 \*\*\*\*\*165.00**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS **3820 State Street**  
5.4 CITY-ST-ZIP **Santa Barbara, CA 93105**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME  
6.3 STREET ADDRESS **Asst. Secretary**  
6.4 CITY-ST-ZIP **Alan Lundgren**  
**3820 State Street**  
**Santa Barbara, CA 93105**

14. I do 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 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 this 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 if changed, or on an attachment with an address.

SIGNATURE:

*Alan Lundgren*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Alan Lundgren, Asst. Sec'y**

Date: **1/24/97** Daytime Phone #

**805/563-7075**

CR2E034 (9/96)