

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000016962

1. Entity Name

PROMED PHARMICENTER, INC.

FILED

00 APR 17 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3820 STATE STREET  
SANTA BARBARA CA 93105  
US

3820 STATE STREET  
SANTA BARBARA CA 93105-3112  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0393768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVS ☐ Delete  
NAME SILVER, RICHARD  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 400003221304--9  
CITY-ST-ZIP -04/24/00--01148--006  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE P ☒ Delete  
NAME FOCHT, MICHAEL H.  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE P ☐ Change ☒ Addition  
NAME David C. Matthews  
STREET ADDRESS 3360 Burns Road  
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE EVP ☒ Delete  
NAME MACKEY, THOMAS B.  
STREET ADDRESS 2011 PALOMAR AIRPORT RD.  
CITY-ST-ZIP CARLSBAD CA 92009

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE EVP ☒ Delete  
NAME SMITH, W. RANDOLPH  
STREET ADDRESS 14001 DALLAS PARKWAY, STE. 200  
CITY-ST-ZIP DALLAS TX

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VT ☒ Delete  
NAME MCMULLEN, TERENCE P  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE T ☐ Change ☒ Addition  
NAME Dennis L. Dent  
STREET ADDRESS 3820 State Street  
CITY-ST-ZIP Santa Barbara, CA 93105

TITLE AS ☐ Delete  
NAME LARSEN, CAITLIN M  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Secretary

4/11/00

805/563-7075

Date

Daytime Phone #