

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000023017**

1. Entity Name

**PHARMACEUTICAL RECOVERY SERVICES, INC.****FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90116 039 \*\*\*158.75

0071100

Principal Place of Business  
**5422 CARRIER DR  
STE 204  
ORLANDO FL 32819  
US**

Mailing Address  
**5422 CARRIER DR  
STE 204  
ORLANDO FL 32819  
US**

**740812**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-3174579**Applied For  
Not Applicable

Zip Country

Zip Country

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**

**SWANN, K. MICHAEL  
280 WEST CANTON AVENUE  
SUITE 240  
WINTER PARK FL 32789**

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, 2001 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 **P** ☐ Delete  
NAME **GRIFFIN, KEITH A**  
STREET ADDRESS **5422 CARRIER DR STE 204**  
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **D** ☐ Delete  
NAME **JOHNSON, TERRY W**  
STREET ADDRESS **5422 CARRIER DR STE 204**  
CITY-ST-ZIP **ORLANDO FL 32819-8394**

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

TITLE **D** ☐ Delete  
NAME **COHEN, MELVIN**  
STREET ADDRESS **5422 CARRIER DR STE 204**  
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **D** ☐ Delete  
NAME **SNYDERBURN, PHILIP J**  
STREET ADDRESS **5422 CARRIER DR STE 204**  
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **D** ☐ Delete  
NAME **MCCOMAS, CHARLES C**  
STREET ADDRESS **5422 CARRIER DRIVE, STE 204**  
CITY-ST-ZIP **ORLANDO FL 32819-8394**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:****Keith A. Griffin, President May 6, 2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)