

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000019709 (2)

1. Corporation Name

PHYSICIANS' FOLIO-PHARMA, INC.

Principal Place of Business

677 N. WASHINGTON BLVD.
SARASOTA FL 34236
US

Mailing Address

677 N. WASHINGTON BLVD.
SARASOTA FL 34236
US



3. Date Incorporated or Qualified

03/07/1994

3a. Date of Last Report

05/10/1995

4. FEI Number

65-1478135

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRELL, DONALD J
2033 MAIN ST.
SUITE 300
SARASOTA FL 34237

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, typewritten or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME LANE, RONALD TED
STREET ADDRESS 3271 RONENA STREET
CITY-ST-ZIP SARASOTA FL

☒ DELETE

TITLE S
NAME ST. JOHN, PAULA
STREET ADDRESS 6549 GULF OF MEXICO DR
CITY-ST-ZIP LONGBOAT KEY FL

☒ DELETE

TITLE T
NAME SCHEGLEMILCH, ALLEN
STREET ADDRESS 4687 E. OAK FOREST DR.
CITY-ST-ZIP SARASOTA FL

☒ DELETE

TITLE P
NAME ARENA, JOSEPH A. J
STREET ADDRESS 677 N. WASHINGTON BLVD.
CITY-ST-ZIP SARASOTA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE R
1.2 NAME DR. DAVID J. CALDARELLA
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change

☐ Addition

2.1 TITLE S
2.2 NAME JENNIFER L. COMBS
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change

☐ Addition

3.1 TITLE T
3.2 NAME WANDA F. VITIGLIO
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change

☐ Addition

4.1 TITLE D-C
4.2 NAME LOUIS ANTHONY LUPI
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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)(k), 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 if changed, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

Date

941-452-5815

Daytime Phone

CR2E034 (12/95)