

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90152 049 \*\*\*158.75

**DOCUMENT # P94000019709**

1. Entity 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 34236-4241  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1479135**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HARRELL, DONALD J**  
**1776 RINGLING BLVD**  
**SARASOTA FL 34236**

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
OT	VITTIGLIO, WANDA	4687 E. OAK FOREST DR.	SARASOTA FL	<input type="checkbox"/>
CD + PD	LUPI, LOUIS A	677 N. WASHINGTON BLVD.	SARASOTA FL	<input type="checkbox"/>
PD	CARLOW, MICHAEL A	12081 ASHFORD LN	DAVIE FL	<input checked="" type="checkbox"/>
VPD	REEMSTRA, JOHN	8121 KRISTO LANE	ORLAND PARK IL	<input type="checkbox"/>
SEC.	IMELDA N. LUPI	3104 PROCTOR RD.	SARASOTA FL 34231	<input type="checkbox"/>
CEO	ROBERT JAMES LAMB	131 DEEPWOOD DR.	QUILFORD CT. 06437	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)