

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P94000019709**1. Entity Name  
PHYSICIANS' FOLIO-PHARMA, INC.Principal Place of Business  
677 N. WASHINGTON BLVD.  
SARASOTA FL 34236  
USMailing Address  
677 N. WASHINGTON BLVD.  
SARASOTA FL 34236  
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 Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**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  
LUPI ANTHONY  
Street Address (P.O. Box Number is Not Acceptable)  
677 N. WASHINGTON BLVD  
City  
SARASOTA FL Zip Code  
34236

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 **ANTHONY LUPI****05/10/2001**

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  
NAME CEO LAMB ROBERT J ☐ Delete  
STREET ADDRESS 181 DEEPWOOD DR  
CITY-ST-ZIP GULFORD CT 06437TITLE  
NAME CEO LUPI LOUIS A ☒ Change ☐ Addition  
STREET ADDRESS 677 N. WASHINGTON BLVD  
CITY-ST-ZIP SARASOTA FL 34236TITLE  
NAME S LUPI IMELDA N ☐ Delete  
STREET ADDRESS 3004 PROCTOR RD  
CITY-ST-ZIP SARASOTA FL 34231TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME VPD REEMSTRA JOHN ☐ Delete  
STREET ADDRESS 8121 KRISTO LANE  
CITY-ST-ZIP ORLAND PARK ILTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME CPD LUPI LOUIS A ☐ Delete  
STREET ADDRESS 677 N. WASHINGTON BLVD.  
CITY-ST-ZIP SARASOTA FLTITLE  
NAME CPD LUPI LOUIS A ☒ Change ☐ Addition  
STREET ADDRESS 677 N. WASHINGTON BLVD.  
CITY-ST-ZIP SARASOTA FL 34236TITLE  
NAME T VITTIGLIO WANDA ☐ Delete  
STREET ADDRESS 4687 E. OAK FOREST DR.  
CITY-ST-ZIP SARASOTA FLTITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ Addition  
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:** Louis A. Lupi

CPD 05/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)