

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 21 1996 8:00 am
Secretary of State

DOCUMENT # P94000023192 (5)

1. Corporation Name

FFI RX MANAGED CARE, INC.



Principal Place of Business

3502 HENDERSON BLVD.
SUITE 300
TAMPA FL 33609

Mailing Address

3502 HENDERSON BLVD.
SUITE 300
TAMPA FL 33609

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SIERRA, MICHAEL
100 S. ASHLEY DR.
SUITE 1250
TAMPA FL 33602

3. Date Incorporated or Qualified
03/22/1994

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3236503

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

XX

Yes

□ No

10. Name and Address of New Registered Agent

81. Name

John L. Puls

82. Street Address (P.O. Box Number is Not Acceptable)

3502 Henderson Blvd., Suite 300

83.

84. City

Tampa

FL

85. Zip Code

33609

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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent Signature required when renouncing.)

DATE

John L. Puls, Jr.

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

DVS

PULS, JOHN

3502 HENDERSON BLVD., #300
TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DV

MINDALA, JAMES J

3502 HENDERSON BLVD., #300
TAMPA FL 33609

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DST

PULS, BRANDIE

3502 HENDERSON BLVD., #300
TAMPA FL 33609

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP

WUTZ, PAUL

3502 HENDERSON BLVD., #300
TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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☐ 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

John L. Puls, Jr.

(813) 875-8662

Date

Daytime Phone #

CR2E034 (12/95)

3-21-1996