

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33609-3947**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

03/21/1996

4. FEI Number

59-3236503

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

10. Name and Address of New Registered Agent

81 Name

John L. Puls, Jr.

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

3502 Henderson Blvd., Ste 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]

4/17/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DVS
PULS, JOHN**
STREET ADDRESS **3502 HENDERSON BLVD., #300**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **DV
MINDALA, JAMES J**
STREET ADDRESS **3502 HENDERSON BLVD., #300**
CITY - ST - ZIP **TAMPA FL 33609**

TITLE ☒ DELETE

NAME **DST
PULS, BRANDIE**
STREET ADDRESS **3502 HENDERSON BLVD., #300**
CITY - ST - ZIP **TAMPA FL 33609**

TITLE ☐ DELETE

NAME **DP
WUTZ, PAUL**
STREET ADDRESS **3502 HENDERSON BLVD., #300**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 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] E.V.D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97 216 461-9888

Date

Daytime Phone

CP2E034 (9/96)