

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

192

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000038623 (2)

1. Corporation Name

POLK CITY PHARMACY, INC.

FILED

98 FEB 17 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

4506 L.B. MCLEOD RD.
SUITE F
ORLANDO FL 32811

P.O. BOX 53-6576
ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1994

4. FEI Number

59-3250370

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIGGS, STEPHEN P.
4506 LB MCLEOD ROAD
SUITE F
ORLANDO FL 32811

81 Name

Corporation Service Company

82 Street Address (P.O. Box Numbers Not Acceptable)

1801 Days Street

83

84 City

Tallahassee

FL

85 Zip Code

32301

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Karen B. Rozar*

Karen B. Rozar, As Its Agent

2.17.98

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

(NOTE: Registered Agent signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PASD
NAME GRIGGS, STEPHEN P.
STREET ADDRESS 4506 L.B. MCLEOD RD. SUITE F
CITY-ST-ZIP ORLANDO FL ☐ DELETE

1.1 TITLE D/P
1.2 NAME Stephen P. Griggs ☒ Change ☐ Addition
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD
NAME IRISH, REBECCA R.
STREET ADDRESS 4506 L.B. MCLEOD RD, STE F
CITY-ST-ZIP ORLANDO FL ☒ DELETE

2.1 TITLE VP
2.2 NAME Janet L. Ziomek
2.3 STREET ADDRESS 4506 L.B. Mcleod Rd., Suite F
2.4 CITY-ST-ZIP Orlando, FL 32811 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE S
3.2 NAME h. scott Novell
3.3 STREET ADDRESS 4506 L.B. Mcleod Rd., Suite F
3.4 CITY-ST-ZIP Orlando, FL 32811 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE D
4.2 NAME Marc Levin
4.3 STREET ADDRESS 10065 Red Run Blvd.
4.4 CITY-ST-ZIP Owings Mills, MD 21117 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE D
5.2 NAME Marshall Elkins
5.3 STREET ADDRESS 10065 Red Run Blvd.
5.4 CITY-ST-ZIP Owings Mills, MD 21117 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

300002433033--1

14. 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 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.

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 708230 7120726

AUTHORIZATION :

Patricia Pizant

COST LIMIT : \$ 150.00

ORDER DATE : February 16, 1998

ORDER TIME : 10:20 AM

ORDER NO. : 708230-405

CUSTOMER NO: 7120726

CUSTOMER: Ms. Dawn Anderson
Rotech Medical Corporation
Suite F
4506 L B Mcleod Road
Orlando, FL 32811

ANNUAL REPORT FILING

NAME: POLK CITY PHARMACY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JANNA WILSON

EXAMINER'S INITIALS:

JB
2-17-98

RECEIVED
98 FEB 17 AM 11:32
DIVISION OF CORPORATION

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