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02-24-1999 90145 018 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000062630

1. Corporation Name PHARMACEUTICAL CARE PROVIDERS OF FLORIDA, INC.

Principal Place of Business 119 N. BANANA RIVER DR. MERRITT ISLAND FL 32952

Mailing Address 119 N. BANANA RIVER DR. MERRITT ISLAND FL 32952



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 3565 MURRELL RD

4. FEI Number

59-3331005

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

24

25

Country

29

30

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOBBS, S. MARK 119 N. BANANA RIVER DR. MERRITT ISLAND FL 32952

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P HOBBS, S. MARK 119 N. BANANA RIVER DR. MERRITT ISLAND FL 32952

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

TITLE ST SPOPCY, BOB 7227 N. HIGHWAY 1 COCOA FL 32927

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TITLE VP RAY, DAVID 1610 FISKE BLVD ROCKLEDGE FL 32955

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE VP SEGO, GENE 1317 GARDEN ST. TITUSVILLE FL 32780

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE VP BUCALO, CHARLIE 6050 BABCOCK STREET S E PALM BAY FL 32909

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE VP HARRISON, DON 1108 LAKE DRIVE COCOA FL 32922

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99

Date

407/452-0010

Daytime Phone #

CR2E034 (11/96)