

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 07, 2000 8:00 am**
Secretary of State

03-07-2000 90039 041 ***150.00

DOCUMENT # P95000062630

1. Entity Name

PHARMACEUTICAL CARE PROVIDERS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**N. BANANA RIVER DR.
ISLAND FL 32952****3565 MURRELL ROAD
ROCKLEDGE FL 32955-4706****0 2 1 9 0 0**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3331005**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

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, 2000 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. **UP/DROPS** CHANGES TO OFFICERS AND DIRECTORS IN 11TITLE **P** ☐ Delete
NAME **HOBBS, S. MARK**
STREET ADDRESS **119 N. BANANA RIVER DR.**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**TITLE **VP/DROPS** ☐ Change ☒ Addition
NAME **MATTHEW JENNISON**
STREET ADDRESS **2448 U.S. Hwy #1**
CITY-ST-ZIP **MIMS, FL 32754**TITLE **ST** ☐ Delete
NAME **SPOPCY, BOB**
STREET ADDRESS **7227 N. HIGHWAY 1**
CITY-ST-ZIP **COCOA FL 32927**TITLE **(D) Executive Director** ☐ Change ☒ Addition
NAME **Robert Dowdy**
STREET ADDRESS **3565 MURRELL RD**
CITY-ST-ZIP **Rockledge, FL 32955**TITLE **VP** ☐ Delete
NAME **RAY, DAVID**
STREET ADDRESS **1610 FISKE BLVD**
CITY-ST-ZIP **ROCKLEDGE FL 32955**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **SEGO, GENE**
STREET ADDRESS **1317 GARDEN ST.**
CITY-ST-ZIP **TITUSVILLE FL 32780**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **BUCALO, CHARLIE**
STREET ADDRESS **6050 BABCOCK STREET S E**
CITY-ST-ZIP **PALM BAY FL 32909**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **HARRISON, DON**
STREET ADDRESS **1108 LAKE DRIVE**
CITY-ST-ZIP **COCOA FL 32922**TITLE ☐ Change ☐ Addition
NAME
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: **Robert Dowdy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-3-00 407-632-9359

CR2E034 (9/99)