

# 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 N. BANANA RIVER DR. ISLAND FL 32952	Mailing Address 3565 MURRELL ROAD ROCKLEDGE FL 32955-4706
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-3331005	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	P HOBBS, S. MARK 119 N. BANANA RIVER DR. MERRITT ISLAND FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	ST SPOPCY, BOB 7227 N. HIGHWAY 1 COCOA FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	VP RAY, DAVID 1610 FISKE-BLVD ROCKLEDGE FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	VP SEGO, GENE 1317 GARDEN ST. TITUSVILLE FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	VP BUCALO, CHARLIE 6050 BABCOCK STREET S E PALM BAY FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	VP HARRISON, DON 1108 LAKE DRIVE COCOA FL 32922

12. CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP MATTHEW JENNISON 2448 U.S. HWY #1 MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Executive Director ROBERT DOWDY 3565 MURRELL RD ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 DATE: 3-3-00 DAYTIME PHONE #: 407-632-9359

CR2E034 (9/99)