

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State


03-08-2001 90135 050 ***150.00

DOCUMENT # P95000062630

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

Principal Place of Business 119 N. BANANA RIVER DR. MERRITT ISLAND FL 32952	Mailing Address 3565 MURRELL ROAD ROCKLEDGE FL 32955
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

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 _____
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 supplement thereto 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:  **3-5-01** **321-682-9355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)