

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90089 036 \*\*\*150.00

DOCUMENT # P96000033320

1. Corporation Name

PHARMACY CARE SPECIALISTS, INC.

Principal Place of Business

947 BARTOW HIGHWAY  
LAKELAND FL 33803

Mailing Address

947 BARTOW HIGHWAY  
LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1996

4. FEI Number

59-3373961

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1903 S. CONGRESS AVE

23 City & State

27 SUITE 400  
28 BOYNTON BEACH, FL

24 Zip

Country

29 Zip

Country

33426

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

E. NICHOLAS DAVIS III

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

1903 S. CONGRESS AVE #400

83

84 City

BOYNTON BEACH

FL

85 Zip Code

33426

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

*E. Nicholas Davis III*

E. NICHOLAS DAVIS, III

4/28/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME JONES, RENEE  
STREET ADDRESS 947 BARTOW HIGHWAY  
CITY-ST-ZIP LAKELAND FL 33803

TITLE VP ☐ DELETE  
NAME JONES, WILLIAM O  
STREET ADDRESS 947 BARTOW HIGHWAY  
CITY-ST-ZIP LAKELAND FL 33803

TITLE CEO ☐ DELETE  
NAME PERSHES, PAUL C  
STREET ADDRESS 947 BARTOW HIGHWAY  
CITY-ST-ZIP LAKELAND FL 33803

TITLE TS ☐ DELETE  
NAME KOBRIN, ARTHUR  
STREET ADDRESS 947 BARTOW HIGHWAY  
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE EX. V.P. ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

4.1 TITLE T/S / CFO ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE EX. V.P. ☐ Change ☒ Addition  
5.2 NAME DAVIS, E. Nicholas Davis III  
5.3 STREET ADDRESS 1903 S. CONGRESS AVE #400  
5.4 CITY-ST-ZIP BOYNTON BEACH, FL 33426

6.1 TITLE ☐ Change ☐ Addition  
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:

*E. Nicholas Davis III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

(561) 731-2227  
Date Daytime Phone #

CR2E034 (1/98)