

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033320

1. Entity Name

PHARMACY CARE SPECIALISTS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90268 050 ***150.00

Principal Place of Business

947 BARTOW HIGHWAY
LAKELAND FL 33803

Mailing Address

1903 S CONGRESS AVE
SUITE #400
BOYNTON BEACH FL 33426-6559
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3373961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVIS, NICHOLAS E III
1903 S CONGRESS AVE
SUITE 400
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name
Daniel W. Bivins, Jr.

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

1903 S. Congress Ave

Suite 400

City
Boynton Beach

FL

Zip Code
33426

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

Daniel W. Bivins, Jr.

Daniel W. Bivins, Jr.

4/28/00

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JONES, RENEE	
STREET ADDRESS	947 BARTOW HIGHWAY	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	JONES, WILLIAM O	
STREET ADDRESS	947 BARTOW HIGHWAY	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	PERSHES, PAUL C	
STREET ADDRESS	947 BARTOW HIGHWAY	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	TSCF	<input type="checkbox"/> Delete
NAME	KOBIRIN, ARTHUR	
STREET ADDRESS	947 BARTOW HIGHWAY	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, NICHOLAS E III	
STREET ADDRESS	1905 S CONGRESS AVE, #400	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denise SCHUMANN	
STREET ADDRESS	1903 S. Congress Ave., Suite 400	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1903 S. Congress Ave., Suite 400	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1903 S. Congress Ave., Suite 400	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juan Cocuy	
STREET ADDRESS	1903 S. Congress Ave Suite 400	
CITY-ST-ZIP	Boynton Beach FL 33426	
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 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:

Denise Schumann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 (561) 737-2227
Date Daytime Phone #

CR2E034 (9/99)