

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90184 011 ***150.00

DOCUMENT # P96000033320

1. Entity Name
PHARMACY CARE SPECIALISTS, INC.

Principal Place of Business 947 BARTOW HIGHWAY LAKELAND FL 33803	Mailing Address 1903 S CONGRESS AVE SUITE #400 BOYNTON BEACH FL 33426 US
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2. Principal Place of Business 3611 Century Blvd.	3. Mailing Address 2500 Quantum Lakes Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste. 1000

City & State Lakeland, FL	City & State Boynton Beach, FL
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Zip 33811	Country USA	Zip 33426	Country USA
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4. FEI Number 59-3373961	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

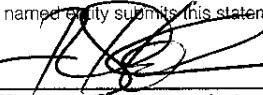
6. Name and Address of Current Registered Agent

**BIVINS, DANIEL W JR
 1903 S CONGRESS AVE
 SUITE 400
 BOYNTON BEACH FL 33426**

7. Name and Address of New Registered Agent

Name Rodger L. Hochman
Street Address (P.O. Box Number is Not Acceptable) 2500 Quantum Lakes Drive, Ste. 1000
City Boynton Beach
State 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:  **Rodger L. Hochman** 4/18/01

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, 2001 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 KOBRIN, 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 DCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Pusateri, Dana	
STREET ADDRESS 2500 Quantum Lakes Drive, Ste. 1000	
CITY-ST-ZIP Boynton Beach, FL 33426	
TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Gangemi, John	
STREET ADDRESS 3611 Century Blvd.	
CITY-ST-ZIP Lakeland, FL 33811	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Pershes, Paul C	
STREET ADDRESS 2500 Quantum Lakes Drive, Ste. 1000	
CITY-ST-ZIP Boynton Beach, FL 33426	
TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME St. 1000	
STREET ADDRESS 2500 Quantum Lakes Drive, Ste. 1000	
CITY-ST-ZIP Boynton Beach, FL 33426	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Bivins, Daniel W. Jr.	
STREET ADDRESS 2500 Quantum Lakes Drive, Ste. 1000	
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 an other like empowered.

SIGNATURE:  **Dana Pusateri** 4/18/01 561-742-5000

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

CR2E034 (10/00)