

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90033 021 ***150.00

DOCUMENT # P96000033320

1. Entity Name

Pharmacy Care Specialists, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3611 Century Blvd.

3. Mailing Address

2500 Quantum Lakes Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1000

DO NOT WRITE IN THIS SPACE

City & State

Lakeland, FL

City & State

Boynton Beach, FL

4. FEI Number

59-3373961

Applied For

Not Applicable

Zip

33811

Country

USA

Zip

33426

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Rodger L. Hochman

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

2500 Quantum Lakes Dr., Ste. 1000

City

Boynton Beach

FL

Zip Code
33426

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P

John Gangemi
3611 Century Blvd.
Lakeland, FL 33811

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

STD

Arthur Kobrin
2500 Quantum Lakes Dr., Ste 1000
Boynton Beach, FL 33426

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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 on an attachment with an address, with an other like empowered.

SIGNATURE:

Arthur Kobrin, Secretary/Treasurer 4-26-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 561-742-5000 Phone #

CR2E034B (12/01)