

**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 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

**- DO NOT WRITE  
IN THIS SPACE**

**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

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

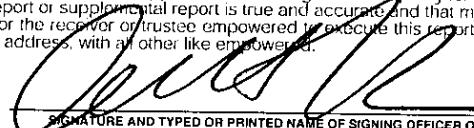
**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Arthur Kobrin 2500 Quantum Lakes Dr., Ste 1000 Boynton Beach, FL 33426	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 employment.

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)