

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90142 009 \*\*\*550.00

**DOCUMENT # P98000015351**

1. Entity Name  
**THRIFTYMED, INC.**

Principal Place of Business  
**4345 SOUTHPPOINT BOULEVARD**  
**JACKSONVILLE FL 32216**

Mailing Address  
**4345 SOUTHPPOINT BOULEVARD**  
**JACKSONVILLE FL 32216**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3498715**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT - President & CEO** ☐ Delete  
 NAME **SMITH, DAVID A**  
 STREET ADDRESS **4345 SOUTHPPOINT BLVD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **SVP & CMO** ☐ Change ☒ Addition  
 NAME **JOHN F. SASEN**  
 STREET ADDRESS **4345 SOUTHPPOINT BLVD.**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **VP/D FINANCE + ASSISTANT SECRETARY** ☐ Delete  
 NAME **ENGLISH, KEVIN P**  
 STREET ADDRESS **4345 SOUTHPPOINT BLVD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **SVP & CFO** ☐ Change ☒ Addition  
 NAME **DAVID M. BRONSON**  
 STREET ADDRESS **4345 SOUTHPPOINT BLVD.**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **VP/S TREASURY** ☐ Delete  
 NAME **KLARNER, DAVID D**  
 STREET ADDRESS **4345 SOUTHPPOINT BLVD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 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: **SIGNATURE REQUIRED** **Klarnen** **8/22/02** **(904) 332-3000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)