

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040448

1. Entity Name

HOSPISCRIP, INC.

Principal Place of Business

Mailing Address

7751 BELFORT PKWY  
STE 120  
JACKSONVILLE FL 32256

7751 BELFORT PKWY  
STE 120  
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

7901 Baymeadows Way  
Suite 1

7901 Baymeadows Way  
Suite 1

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

Zip  
32256

Zip  
32256

4. FEI Number 59-3580741

Applied For

Not Applicable

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

ELEFANT, FRED  
1650 PRUDENTIAL DR., SUITE 105  
JACKSONVILLE FL 32207

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.

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) ☐

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 D  
NAME GLADUE, KAREN  
STREET ADDRESS 7751 BELFORT PKWY STE 120  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE PD  
NAME MASHEK, EDWARD R  
STREET ADDRESS 7751 BELFORT PKWY., STE 120  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE VPD  
NAME ANDREWS, LORRAINE  
STREET ADDRESS 39 SOUTH PART COVE  
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME ALBERT S. Forcella Jr.  
STREET ADDRESS 7901 Baymeadows Way, STE 1  
CITY-ST-ZIP Jacksonville, FL 32256 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 7901 Baymeadows Way, STE 1  
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90192 007 \*\*\*150.00

974294



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)