

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 04, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # S44263**

1. Entity Name  
**PHARMACEUTICAL CREDIT CORPORATION**



Principal Place of Business  
**6073 BAHIA DEL MAR BLVD.  
SUITE 232  
ST. PETERSBURG, FL 33715**

Mailing Address  
**PO BOX 1684  
BRENTWOOD, TN 37024-1684 US**



02022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3079078**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WOLLE, ROBERT H. JR.  
6073 BAHIA DEL MAR BLVD.  
SUITE 232  
ST. PETERSBURG, FL 33715**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WOLLE, ROBERT H. JR.
STREET ADDRESS	BAHIA DEL MAR BLVD. 232
CITY- ST- ZIP	ST. PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000037137  
02/06/04-80086-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert H. Wolle Jr.* 1/25/2004 6153734262