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FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S56353** (3)  
1. Corporation Name  
**PHARMACY FACTORS OF FLORIDA, INC.**

Principal Place of Business

6925 112TH CIRCLE  
STE 102  
LARGO FL 34543  
US

Mailing Address

6925 112TH CIRCLE  
STE 102  
LARGO FL 33773-5200  
US



2. Principal Place of Business

21 101 Sun Lane NE

Suite, Apt. #, etc.

22 City & State

23 Albuquerque NM

Zip

24 87109

Country

25 USA

2a. Mailing Address

26 101 Sun Lane NE

Suite, Apt. #, etc.

27 City & State

28 Albuquerque NM

Zip

29 87109

Country

30 USA

3. Date Incorporated or Qualified

05/28/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3086319

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MARK R MIKLOS  
6925 112TH CIRCLE, N  
SUITE 102  
LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CONARD, SCOTT  
STREET ADDRESS 6925 112TH CR N STE 102  
CITY- ST- ZIP LARGO FL

TITLE VPD ☐ DELETE

NAME CONARD, ANN  
STREET ADDRESS 6925 112TH CR N STE 102  
CITY- ST- ZIP LARGO FL

TITLE ST ☒ DELETE

NAME BAPTIST-SWARTZ, MAGO  
STREET ADDRESS 6925 112TH CR N STE 102  
CITY- ST- ZIP LARGO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Vice President ☒ Change ☐ Addition

12 NAME ~~Michael Scott Conard~~ 15548 Redington Beach Dr.  
13 STREET ADDRESS 101 Sun Lane NE  
14 CITY- ST- ZIP Albuquerque NM 87109

21 TITLE Vice President ☒ Change ☒ Addition

22 NAME Scott Conard Ann Conard  
23 STREET ADDRESS 6925 112TH CR N STE 102 15548 Redington Beach Dr.  
24 CITY- ST- ZIP LARGO FL Redington Beach, FL 33708

31 TITLE Michael Scott President ☐ Change ☒ Addition

32 NAME Michael Slice  
33 STREET ADDRESS 101 Sun Lane NE  
34 CITY- ST- ZIP Albuquerque NM 87109

41 TITLE Secretary ☐ Change ☒ Addition

42 NAME Nikki J. Mann  
43 STREET ADDRESS 101 Sun Lane NE  
44 CITY- ST- ZIP Albuquerque, NM 87109

51 TITLE Vice President/ Controller ☐ Change ☒ Addition

52 NAME William C. Warrick  
53 STREET ADDRESS 101 Sun Lane NE  
54 CITY- ST- ZIP Albuquerque, NM 87109

61 TITLE Warren C. Schell, Sr. VP, Chairman of Board ☐ Change ☒ Addition

62 NAME Warren C. Schelling  
63 STREET ADDRESS 101 Sun Lane NE  
64 CITY- ST- ZIP Albuquerque NM 87109

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/97

505 821 3355

CP2E034 (9/96)