

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moriham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # S56353 (3)

1. Corporation Name
PHARMACY FACTORS OF FLORIDA, INC.

Principal Place of Business

LEGAL DEPT. E
ALBUQUERQUE NM 87109
US

Mailing Address

LEGAL DEPT. E
ALBUQUERQUE NM 87109
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1991

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 101 Sun Avenue NE

Suite, Apt. #, etc.

22 LEGAL DEPT.

City & State

23 ALBUQUERQUE, NM

Zip

Country

24 87109

25 USA

2a. Mailing Address

26 101 Sun Avenue NE

Suite, Apt. #, etc.

27 LEGAL DEPT.

City & State

28 ALBUQUERQUE, NM

Zip

Country

29 87109

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME VP
STREET ADDRESS CONARD, SCOTT
CITY-ST-ZIP 15548 REDINGTON BEACH DR
REDINGTON BEACH FL

TITLE ☐ DELETE

NAME VP
STREET ADDRESS CONARD, ANN
CITY-ST-ZIP 15548 REDINGTON BEACH DR
REDINGTON BEACH FL

TITLE ☐ DELETE

NAME P
STREET ADDRESS SLICE, MICHAEL
CITY-ST-ZIP 101 SUN LANE NE
ALBUQUERQUE NM

TITLE ☐ DELETE

NAME S
STREET ADDRESS MANN, NIKKI J
CITY-ST-ZIP 101 SUN LANE NE
ALBUQUERQUE NM

TITLE ☐ DELETE

NAME VPC
STREET ADDRESS WARRICK, WILLIAM C
CITY-ST-ZIP 101 SUN LANE NE
ALBUQUERQUE NM

TITLE ☐ DELETE

NAME SVPC
STREET ADDRESS SCHELLING, WARREN C
CITY-ST-ZIP 101 SUN LANE NE
ALBUQUERQUE NM

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

Nikki J Mann

4/22/98 (505) 821-3355

CR2E034 (10/97)