

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S56353

1. Entity Name

PHARMACY FACTORS OF FLORIDA, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90197 018 ***150.00

Principal Place of Business

Mailing Address

101 SUN AVE NE
LEGAL DEPT
ALBUQUERQUE NM 87109
US

101 SUN AVE NE
LEGAL DEPT
ALBUQUERQUE NM 87109-4373
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3086319

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

C T 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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Director ☐ Change ☒ Addition
NAME Mark Wimer
STREET ADDRESS 101 Sun Avenue, NE
CITY-ST-ZIP Albuquerque, NM 87109

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

TITLE Director and Vice President ☐ Change ☒ Addition
NAME Robert Woltil
STREET ADDRESS 101 Sun Avenue, NE
CITY-ST-ZIP Albuquerque, NM 87109

TITLE P ☒ Delete
NAME SLICE, MICHAEL
STREET ADDRESS 101 SUN AVE NE
CITY-ST-ZIP ALBUQUERQUE NM 87109

TITLE President ☒ Change ☐ Addition
NAME Jennifer Clarke
STREET ADDRESS 9455 Farnham, Suite A
CITY-ST-ZIP San Diego, CA 92123

TITLE S ☒ Delete
NAME MANN, NIKKI J
STREET ADDRESS 101 SUN AVE NE
CITY-ST-ZIP ALBUQUERQUE NM 87109

TITLE Secretary ☒ Change ☐ Addition
NAME Michael T. Berg
STREET ADDRESS 101 Sun Avenue, NE
CITY-ST-ZIP Albuquerque, NM 87109

TITLE VPC ☒ Delete
NAME WARRICK, WILLIAM C
STREET ADDRESS 101 SUN AVE NE
CITY-ST-ZIP ALBUQUERQUE NM 87109

TITLE VPC ☒ Change ☐ Addition
NAME Jennifer Botter
STREET ADDRESS 101 Sun Avenue, NE
CITY-ST-ZIP Albuquerque, NM 87109

TITLE AS ☒ Delete
NAME BERG, MICHAEL T
STREET ADDRESS 101 SUN AVE NE
CITY-ST-ZIP ALBUQUERQUE NM 87109

TITLE AS ☒ Change ☐ Addition
NAME Jeffrey Gilmore
STREET ADDRESS 101 Sun Avenue, NE
CITY-ST-ZIP Albuquerque, NM 87109

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:

Michael T. Berg

Michael T. Berg, Secretary

3/22/00

505-821-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)