# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 28, 2000 8:00 am**
**Secretary of State**
01-28-2000 90170 010 ***150.00

DOCUMENT # S81697

1. Entity Name

PRIORITY HEALTHCARE PHARMACY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~285 W. CENTRAL PKWY. #1719~~<br>~~ALTAMONTE SPRINGS FL 32714~~ | ~~285 W. CENTRAL PKWY. #1719~~<br>~~ALTAMONTE SPRINGS FL 32714-2379~~ |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 250 technology Park | 250 technology Park |
| Suite, Apt. #, etc.: Suite 124 | Suite, Apt. #, etc.: Suite 124 |
| City & State: LAKe Mary, Fl | City & State: LAKe Mary, Fl |
| Zip: 32746 Country: Seminole | Zip: 32746 Country: Seminole |

4. FEI Number 59-3099905 ☐ 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 |
|---|---|
| ~~MCINTYRE, MELISSA~~<br>~~285 W. CENTRAL PARKWAY~~<br>~~SUITE 1719~~<br>~~ALTAMONTE SPRINGS FL 32714~~ | Name: Barbara J. Luttrell<br>Street Address (P.O. Box Number is Not Acceptable): 250 technology Park<br>Suite 124<br>City: LAKe Mary, Fl **FL** Zip Code: 32746 |

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: Barbara J. Luttrell (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 1-17-00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MEYERS, ROBERT L<br>~~8909 PERDUE RD.~~<br>~~INDIANAPOLIS IN 46268~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>PERFETTO, DONALD J<br>285 W CENTRAL PARKWAY STE 1719<br>ALTAMONTE SPRINGS FL 32714 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SDP<br>LUTTRELL, BARBARA<br>8909 PERDUE RD.<br>INDIANPOLIS IN 46268 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~EVP~~<br>~~SALENTINE, THOMAS J.~~<br>~~8909 PERDUE RD.~~<br>~~INDIANPOLIS IN 46268~~ | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~PCOO~~<br>~~MCINTYRE, MELISSA~~<br>~~285 W. CENTRAL PARKWAY, STE. 1719~~<br>~~ALTAMONTE SPRINGS FL~~ | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~CEOD~~<br>~~ROBERT L MYERS~~<br>~~285 W. CENTRAL PARKWAY, SUITE 1719~~<br>~~ALTAMONTE SPRINGS FL 32714~~ | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (9/99)

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:** Barbara J. Luttrell (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Barbara J. Luttrell — Date: 1-17-00 — Daytime Phone #: 407-804-6772