DOCUMENT # S81697

1. Entity Name

PRIORITY HEALTHCARE PHARMACY, INC.

FILED
Jan 13, 2001 8:00 am
Secretary of State
01-13-2001 90056 012 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
250 TECHNOLOGY PARK SUITE 124 LAKE MARY FL 32746	250 TECHNOLOGY PARK SUITE 124 LAKE MARY FL 32746

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

LUTTRELL, BARBARA J
250 TECHNOLOGY PARK
SUITE 124
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 MEYERS, ROBERT L ~~8909 PERDUE RD.~~ ~~INDIANAPOLIS IN 46268~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Myers, Robert L 250 technology Park LAKE Mary, FL 32746
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PERFETTO, DONALD J ~~285 W CENTRAL PARKWAY STE 1719~~ ~~ALTAMONTE SPRINGS FL 32714~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Perfetto, Donald J. 250 technology Park LAKE Mary, FL 32746
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDP LUTTRELL, BARBARA ~~8909 PERDUE RD~~ ~~INDIANPOLIS IN 46268~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Luttrell, Barbara 250 technology Park LAKE Mary, FL 32746
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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 1-4-01 407-804-6772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #