

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # V15513**

**(7)**

1. Corporation Name

**PRESCRIPTION PROCESSING SERVICES, INC.**

Principal Place of Business

3611 QUEEN PALM DR.  
TAMPA FL 33619

Mailing Address

3611 QUEEN PALM DR.  
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/17/1992

3a. Date of Last Report

04/21/1994

4. FEI Number

59-3106466

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REDMOND, DAVID L  
3611 QUEEN PALM DR  
TAMPA FL 33619

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                      |
|----------------|----------------------|
| TITLE          | DV                   |
| NAME           | HARRELL, CECIL S.    |
| STREET ADDRESS | 3611 QUEEN PALM DR.  |
| CITY-ST-ZIP    | TAMPA FL             |
| TITLE          | D                    |
| NAME           | HOLT, W S            |
| STREET ADDRESS | 3611 QUEEN PALM DR.  |
| CITY-ST-ZIP    | TAMPA FL             |
| TITLE          | DV                   |
| NAME           | MARTIN, BERTRAM T JR |
| STREET ADDRESS | 3611 QUEEN PALM DR   |
| CITY-ST-ZIP    | TAMPA FL             |
| TITLE          | D                    |
| NAME           | CAMPBELL, DAVID N.   |
| STREET ADDRESS | 3611 QUEEN PALM DR.  |
| CITY-ST-ZIP    | TAMPA FL             |
| TITLE          | D                    |
| NAME           | PRUITT, PETER T      |
| STREET ADDRESS | 3611 QUEEN PALM DR.  |
| CITY-ST-ZIP    | TAMPA FL             |
| TITLE          | VTS                  |
| NAME           | REDMOND, DAVID L.    |
| STREET ADDRESS | 3611 QUEEN PALM DR.  |
| CITY-ST-ZIP    | TAMPA FL             |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-ST-ZIP    |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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 007, 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 FILING OFFICER OR DIRECTOR

11/13/95

813/626-7708

Date

Signature Number

**PRESCRIPTION PROCESSING SERVICES, INC.**  
**F.E.I. #59-3106466**

**STATEMENT ATTACHED TO AND MADE PART OF**  
**CORPORATION ANNUAL REPORT**  
**1995**

---

**OFFICERS AND DIRECTORS CONTINUED:**

**TITLE:** P  
**NAME:** CLARK, MICHAEL W.  
**ADDRESS:** 3611 QUEEN PALM DRIVE  
**CITY-ST-ZIP:** TAMPA, FL 33619

**TITLE:** V  
**NAME:** GERLACH, GERALD R.  
**ADDRESS:** 3611 QUEEN PALM DRIVE  
**CITY-ST-ZIP:** TAMPA, FL 33619

**TITLE:** V  
**NAME:** WEBB, MICHAEL R.  
**ADDRESS:** 3611 QUEEN PALM DRIVE  
**CITY-ST-ZIP:** TAMPA, FL 33619