

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90023 045 \*\*\*550.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # V49784**

1. Corporation Name

**SPECIALIZED PHARMACY SERVICES, INC.**

Principal Place of Business

5525 ROOSEVELT BLVD  
JACKSONVILLE FL 32244

Mailing Address

1000 MANSELL EXCHANGE WEST  
SUITE 230  
ALPHARETTA GA 30202  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

59-3181391

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 Fees8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24 25

2a. Mailing Address

26 PO BOX 5050

27 Suite, Apt. #, etc.

28 City &amp; State

29 Zip Country

30 09034 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 1200 SOUTH PINE ISLAND ROAD

84 City

PLANTATION

FL

85 Zip Code

33324

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

KORRI A. BEHLER

(NOTE: Special Assistant)

DATE

7/29/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME WOOD, BOB  
STREET ADDRESS 1000 MANSELL EXCHANGE WEST, STE 230  
CITY-ST-ZIP ALPHARETTA GA 30202TITLE ☐ DELETENAME MAGLIOCHETTI, FRANK  
STREET ADDRESS 175 CABOT ST 4TH FL  
CITY-ST-ZIP LOWELL MA 01854TITLE ☐ DELETENAME MURDOCK STEVE  
STREET ADDRESS 1000 MANSELL EXCHANGE WEST, STE 230  
CITY-ST-ZIP ALPHARETTA GATITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition1.2 NAME CRAIG W. PORTER  
1.3 STREET ADDRESS 55 CARNEGIE PLAZA  
1.4 CITY-ST-ZIP CHERRY HILL NJ 080032.1 TITLE ☐ Change ☒ Addition2.2 NAME JACK N. BROWN  
2.3 STREET ADDRESS 55 CARNEGIE PLAZA  
2.4 CITY-ST-ZIP CHERRY HILL NJ 080033.1 TITLE ☐ Change ☒ Addition3.2 NAME JACK N. BROWN  
3.3 STREET ADDRESS 55 CARNEGIE PLAZA  
3.4 CITY-ST-ZIP CHERRY HILL NJ 080034.1 TITLE ☐ Change ☒ Addition4.2 NAME CRAIG W. PORTER  
4.3 STREET ADDRESS 55 CARNEGIE PLAZA  
4.4 CITY-ST-ZIP CHERRY HILL NJ 080035.1 TITLE ☐ Change ☐ Addition5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

JACK N. BROWN

7/6/99

Date

Daytime Phone #

CR2E034 (1/198)