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Mar 17, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731046
 1. Corporation Name
FLORIDA PHARMACY ASSOCIATION, INC.

Principal Place of Business 610 NORTH ADAMS STREET TALLAHASSEE FL 32301	Mailing Address 610 NORTH ADAMS STREET TALLAHASSEE FL 32301
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/06/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0248221
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JACKSON, MICHAEL A 6440 JUSTIN GRANT TRAIL TALLAHASSEE FL 32308				81	Name		
				82		Street Address (P.O. Box Number is Not Acceptable)	
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Michael A. Jackson MICHAEL A. JACKSON 1/4/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD POWERS, JAMES B. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3219 THOMASVILLE ROAD, #18-D	1.2 NAME	PD REBECCA NICHOLS
STREET ADDRESS	TALLAHASSEE FL 32312-2917	1.3 STREET ADDRESS	120 STATE ROAD 419
CITY-ST-ZIP		1.4 CITY-ST-ZIP	WINTER SPRING, FL 32708
TITLE	PD ACKERMAN, PAUL <input type="checkbox"/> DELETE	2.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12931 INSHORE DR	2.2 NAME	ACKERMAN, PAUL
STREET ADDRESS	PALM BEACH GARDEN FL 33410-2021	2.3 STREET ADDRESS	12931 INSHORE DR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PALM BEACH GARDEN, FL 33400-2021
TITLE	EVP JACKSON, MICHAEL A <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6440 JUSTIN GRANT TRAIL	3.2 NAME	
STREET ADDRESS	TALLAHASSEE FL 32308	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD WILSON, ROBERT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1717 NORTH E ST	4.2 NAME	
STREET ADDRESS	PENSACOLA FL 32501-6344	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: Michael A. Jackson MICHAEL A. JACKSON 1/4/99 (850) 222-2400
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)