PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 DEC 19 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97

DOCUMENT # **754115**

1. Corporation Name

SOUTHWEST FLORIDA SOCIETY OF HOSPITAL PHARMACIS TS, INC.

Principal Place of Business	Mailing Address
~~C/O JACQUELINE A LAPERRIERE~~	~~C/O JACQUELINE A LAPERRIERE~~
~~5100 BURCHETTE RD. #1102~~	5100 ~~BURCHETTE RD. #1102~~
~~TAMPA FL 33647~~	~~TAMPA FL 33647~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable: c/o Maribeth Kowalski
Suite, Apt. #, etc.: 29524 Forest Glen Drive
City & State: Wesley Chapel, FL
Zip: 33543 Country: USA

3. New Mailing Office Address, If Applicable: c/o Maribeth Kowalski
Suite, Apt. #, etc.: 29524 Forest Glen Drive.
City & State: Wesley Chapel, FL
Zip: 33543 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/10/1980

5. FEI Number: 59-2034447 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
~~TD~~ D	~~LAPERRIERE, JACQUELINE A~~ LAPERRIERE, JACQUELINE A	5100 BURCHETTE ROAD, #1102	TAMPA FL 33647
~~VD~~ D	~~MILLER, LISA~~ MILLER, LISA	1516 1ST STREET	INDIAN ROCKS FL 34635
~~VPD~~ PD	~~TELESCA, KATHY~~ Mowrey, Kim	~~2042 RAINBOW FARMS DR.~~ 16506 Foothill Drive	~~SAFETY HARBOR FL~~ Tampa FL 33624
~~SD~~	~~GRINDER, CHERYL P~~	~~190 112TH AVE NORTH #504~~	~~ST. PETERSBURG FL~~
TD	Kowalski, Maribeth	29524 Forest Glen Drive.	Wesley Chapel, FL 33543

400002381 12/23/97 01116 001 3
****245.00 ****245.00

12-19-97

8. Name and Address of Current Registered Agent

~~MILLER, LISA~~
~~1516 1ST STREET NORTH~~
~~INDIAN ROCKS FL 33647~~

9. Name and Address of New Registered Agent

Name: Mowrey, Kim
Street Address (P.O. Box Number is Not Acceptable): 16506 Foothill Drive
Suite, Apt. #, Etc.
City: Tampa State: FL Zip Code: 33624

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 12/14/97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [ ] No [X] (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 12/14/97 813-972-8456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/97)