FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 14 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **842061** **(4)**

1. Corporation Name
MEDISAVE PHARMACIES, INC.

Principal Place of Business	Mailing Address
10877 RIEGER ROAD BATON ROUGE LA 70809-4522	10877 RIEGER ROAD BATON ROUGE LA 70809-4522

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/14/1978**
3a. Date of Last Report: **02/01/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **72-0509321** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
~~9764 W BROWARD BLVD~~ 1200 S. Pine Island Road
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	NAPOLI, CARL J.	1.2 NAME		
STREET ADDRESS	12225 LK SHERWOOD SO.	1.3 STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE LA	1.4 CITY-ST-ZIP		
TITLE	TAS	2.1 TITLE		☐ Change ☐ Addition
NAME	CHENEVERT, JAMES G.	2.2 NAME		
STREET ADDRESS	15550 SHENANDOAH AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE LA	2.4 CITY-ST-ZIP		
TITLE	CEO	3.1 TITLE		☐ Change ☐ Addition
NAME	HILLER, EDWARD L.	3.2 NAME		
STREET ADDRESS	12403 LAKE LABELLE CT.	3.3 STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE LA	3.4 CITY-ST-ZIP		
TITLE	VTAS	4.1 TITLE	VP-Treasury	☑ Change ☐ Addition
NAME	WILLIAMS, A. DAVID	4.2 NAME	Robert K. Schneider	
STREET ADDRESS	18391 PERKINS OAKS	4.3 STREET ADDRESS	1906 102nd Street	
CITY-ST-ZIP	PRAIRIEVILLE LA	4.4 CITY-ST-ZIP	Bellevue, WA 98004	
TITLE	C	5.1 TITLE		☐ Change ☐ Addition
NAME	MARKER, CHRISTOPHER	5.2 NAME		
STREET ADDRESS	3427 EVERGREEN PT. RD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVUE WA	5.4 CITY-ST-ZIP		
TITLE	CD	6.1 TITLE		☐ Change ☐ Addition
NAME	MARKER, CHRISTOPHER	6.2 NAME		
STREET ADDRESS	3427 EVERGREEN PT RD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVUE WA	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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sr. Vice President, VP/Controller 4/7/95 (504) 293-4300
SIGNATURE AND TYPED OR PRINTED NAME OF WINNING OFFICER OR DIRECTOR — Date — Daytime Phone #
David R. MECANCON

047B122 FP