

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000005305 (6)**

1. Corporation Name  
**SCANDIPHARM, INC.**



Principal Place of Business Mailing Address  
**22 INVERNESS CENTER PKWY SUITE 310 BIRMINGHAM AL 35242**

3. Date Incorporated or Qualified **10/27/1995** 3a. Date of Last Report  
4. FET Number **23-2639766** 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 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH 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 \_\_\_\_\_ Signature Typed or Printed Name of Registered Agent and Title of Position \_\_\_\_\_ (Date) Registered Agent's Signature (Typed or Printed Name) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WINGETT, CHARLES N	
STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	
CITY- ST- ZIP	BIRMINGHAM AL	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	MIMS, DAVID W	
STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	
CITY- ST- ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUSSELL, TIMOTHY R	
STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	
CITY- ST- ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCRUSHY, RICHARD M	
STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	
CITY- ST- ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCREERY SR, ROBERT D	
STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	
CITY- ST- ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MADDOX, RUSSELL H	
STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	
CITY- ST- ZIP	BIRMINGHAM AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DAVID F. HALE	
13 STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	
14 CITY- ST- ZIP	BIRMINGHAM, AL 35242	
21 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	CHARLES NEWHALL 111	
23 STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	
24 CITY- ST- ZIP	BIRMINGHAM, AL 35242	
31 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	JAMES L.L. TULLIS	
33 STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	
34 CITY- ST- ZIP	BIRMINGHAM, AL 35242	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *DAVID W. MIMS* **DAVID W. MIMS** 5/14/96 205-994-8085  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone)

CR2E034 (12/95)