

4-7-97 B-4103 C

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 07 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # F95000005305 (6)
1. Corporation Name
SCANDIPHARM, INC.



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

Mailing Address
22 INVERNESS CENTER PKWY
SUITE 310
BIRMINGHAM AL 35242-4820

3. Date Incorporated or Qualified 10/27/1995
3a. Date of Last Report 05/17/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

4. FEI 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

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> DELETE
NAME	RUSSELL, TIMOTHY R	
STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCRUSHY, RICHARD M	
STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCREERY SR, ROBERT D	
STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	
CITY - ST - ZIP	BIRMINGHAM AL	
TITLE	D	<input checked="" 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

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRANCIS ZIEGLER	
1.3 STREET ADDRESS	22 INVERNESS CTR PKWY, STE 310	
1.4 CITY - ST - ZIP	BHAM, AL 35242	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID E. COLLINS	
2.3 STREET ADDRESS	22 INVERNESS CTR PKWY, STE 310	
2.4 CITY - ST - ZIP	BHAM, AL 35242	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CHARLES E. BUGG, M.D.	
3.3 STREET ADDRESS	22 INVERNESS CTR PKWY, STE 310	
3.4 CITY - ST - ZIP	BHAM, AL 35242	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVID HALE	
4.3 STREET ADDRESS	22 INVERNESS CTR PKWY, STE 310	
4.4 CITY - ST - ZIP	BHAM, AL 35242	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JAMES L. L. TULLIS	
5.3 STREET ADDRESS	22 INVERNESS CTR PKWY, STE 310	
5.4 CITY - ST - ZIP	BHAM, AL 35242	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE: DAVID W. MIMS 3-27-97 205.991.8089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)