

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

FILED

**May 28 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/27/1995	
4. FEI Number 23-2639766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24	29
25	30

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	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 _____ (NO. 11 Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINGETT, CHARLES N	1.2 NAME	Francis G. Ziegler
STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	1.3 STREET ADDRESS	22 Inverness Ctr Pkwy, Ste 310
CITY-ST-ZIP	BIRMINGHAM AL	1.4 CITY-ST-ZIP	Birmingham, AL 35242
TITLE	VSTD	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIMS, DAVID W	2.2 NAME	Jack E. O'Brien
STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	2.3 STREET ADDRESS	22 Inverness Ctr Pkwy, Ste 310
CITY-ST-ZIP	BIRMINGHAM AL	2.4 CITY-ST-ZIP	Birmingham, AL 35242
TITLE	D	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIEGLER, FRANCES	3.2 NAME	Russell H. Maddox
STREET ADDRESS	22 INVERNESS CTR PKWY., STE. 310	3.3 STREET ADDRESS	22 Inverness Center Pkwy, Ste 310
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP	Birmingham, AL 35242
TITLE	D	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, DAVID E	4.2 NAME	James L. L. Tullis
STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	4.3 STREET ADDRESS	22 Inverness Center Pkwy, Ste 310
CITY-ST-ZIP	BIRMINGHAM AL	4.4 CITY-ST-ZIP	Birmingham, AL 35242
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUGG, CHARLES E M.D.	5.2 NAME	
STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, DAVID	6.2 NAME	
STREET ADDRESS	22 INVERNESS CENTER PKWY STE 310	6.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)