

5-20-98 B- 7128 -mc
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # H86590 (7)
 1. Corporation Name
PAVILION PLAZA PHARMACY, INC.



Principal Place of Business: C/O WILLIAM C. MASON, 1301 RIVERPLACE BLVD., SUITE 1700, JACKSONVILLE 32 32207, US

Mailing Address: C/O WILLIAM C. MASON, 1301 RIVERPLACE BLVD., SUITE 1700, JACKSONVILLE 32 32207, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/19/1985**

4. FEI Number: **59-2607831**

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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business (21-23) and Mailing Address (24-30) details including Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **GRNAQER, HARVEY G.C., 1301 RIVERPLACE BLVD., SUITE 1700, JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PARRETT, DONALD O.	
STREET ADDRESS	1325 SAN MARCO BLVD. SUITE 901	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MASON, WILLIAM C.	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GRANGER, HARVEY	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	JACKSON, REBECCA B.	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1700	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Maher, John J.
5.3 STREET ADDRESS	1301 Riverplace Blvd., Ste.1700
5.4 CITY-ST-ZIP	Jacksonville, FL 32207
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 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: *Rebecca B. Jackson* **Rebecca B. Jackson** 4-24-98 904/202-4005

CR2E034 (10/97)

PAVILION PLAZA PHARMACY, INC.

DV Burghardt, Joseph P. 1325 San Marco Blvd. Jacksonville, FL 32207

DV Thompson, Carol C. 1301 Riverplace Blvd., Suite 1700 Jacksonville, FL 32207