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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H86590 1. Corporation Name

PAVILION PLAZA PHARMACY, INC.

Principal Plac	e of Business	Mailing Address			I Ideiali arai imira dilan disa nerit enti sini		
C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD SUITE 1700 JACKSONVILLE 32 32207 US		C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD SUITE 1700 JACKSONVILLE 32 32207 US		,			
				DO NOT WRITE IN THIS SPACE			
				3. Date incorporated or Qualifed			
1					11/19/1985		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-2607831	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27			5. Certificate of Status Desired	Fee Re	quired
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country	'	8. This corporation owes the current year li		□No
24	25		30		Personal Property Tax.	Yes	
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registere	a Agent	
CDN	AGER, HARVEY G.C.		"	Name			
	RIVERPLACE BLVD.		82	Street /	Address (P.O. Box Number is Not Acceptable)		Ì
	E 1700		83	<u> </u>			
	KSONVILLE FL 32207		63				
UACI	CONTRICE I E SEEUI		84	City	F	85 Zip (Code
i				1			
11 Pursuant	to the provisions of Sections 607 050:	2 and 607.1508. Florida Statute	s. the abov	e-named o	corporation submits this statement for the purpose	of changing its	registered
office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was au	tnorized by	tne corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered
i office or r	egistered agent, or both, in the State :	of Florida. Such change was au tions of, Section 607.0505, Flori	tnorized by ida Statutes	ine corpo	equired when reinstating)	ontinent as re	gistered
office or r agent. I a	registered agent, or both, in the State in familiar with, and accept the obligation of the state of registered agent age	of Florida. Such change was autions of, Section 607.0505, Flori at and title if applicable. (NOTE: ID DIRECTORS	tnorized by ida Statutes	ine corpo	ration's board of directors. Thereby accept the app	AND DIRECTO	PRS IN 12
office or r agent. I a SIGNATURE	registered agent, or both, in the State in familiar with, and accept the obligation of the state of registered agent age	of Florida. Such change was autions of, Section 607.0505, Flori and title if applicable. (NOTE: 1	ida Statutes	ine corpo	equired when reinstating)	ontinent as re	gistered
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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 chapted, or on an attachment with an address, with all other like empowered. CITY-ST-ZiP

SIGNATURE:

4-23-99

904/202-4005