

FILE NOW: FILING FEE AFTER MAY 1 IS \$220

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT (ATE)
Sandra B. Mortha
Secretary of Stat
DIVISION OF CORPORNS

DOCUMENT # K53885 (5)

1. Corporation Name
PARENTERAL THERAPY ASSOCIATES, INC.



Principal Place of Business: **380 S. NORTHLAKE BLVD. SUITE 1032 ALTAMONTE SPRINGS FL 32701 US**
Mailing Address: **380 S. NORTHLAKE BLVD. SUITE 1032 ALTAMONTE SPRINGS FL 32701 US**

3. Date Incorporated or Qualified: **12/28/1988**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2920860**
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: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30
City & State: 22, 23
Zip: 24, 25, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACLEAY, MICHAEL R.
500 WINDERLEY PLACE
STE 224
MAITLAND FL 32751**

Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
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 if applicable

(NOTE: Registered agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	MACLEAY, MICHAEL R.	
STREET ADDRESS	500 WINDERLEY PLACE STE 224	
CITY - ST - ZIP	MAITLAND FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VOGT, STEPHEN C.	
STREET ADDRESS	500 WINDERLEY PLACE STE 224	
CITY - ST - ZIP	MAITLAND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GARNER, H. STEPHEN	
STREET ADDRESS	500 WINDERLEY PLACE STE 224	
CITY - ST - ZIP	MAITLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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:

Steve Garner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96
Date

Division Prefix #

CR2E034 (12/95)