FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12713 (6)

1. Corporation Name
CYSTIC FIBROSIS PHARMACY, INC.

Principal Place of Business
633 E. COLONIAL DRIVE
ORLANDO FL 32803

Mailing Address
633 E. COLONIAL DRIVE
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2609499 — ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 633-A E. Colonial Drive
22 Suite, Apt #, etc.
23 City & State: ORLANDO, FLORIDA
24 Zip: 32803 25 Country: ORANGE

2a. Mailing Address
26 633-A E COLONIAL DR
27 Suite, Apt #, etc.
28 City & State: ORLANDO, FLORIDA
29 Zip: 32803 30 Country: ORANGE

9. Name and Address of Current Registered Agent

ADAMS, N LOIS
633 E COLONIAL DR
ORLANDO FL 32803

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 [signature] 5/1/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, N LOIS	1.2 NAME	
STREET ADDRESS	633 E COLONIAL DR	1.3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	1.4 CITY ST ZIP	
TITLE	~~VD~~	2.1 TITLE	☒ Change ☐ Addition
NAME	~~NEWHARD, MARY ETTA~~	2.2 NAME	NO LONGER AN OFFICER
STREET ADDRESS	~~633 E COLONIAL DR~~	2.3 STREET ADDRESS	
CITY ST ZIP	~~ORLANDO FL~~	2.4 CITY ST ZIP	NEWHARD, MARY ETTA
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	MURRAY, LOUIS C.	3.2 NAME	
STREET ADDRESS	633 E COLONIAL DR	3.3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	3.4 CITY ST ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHULER, TOM	4.2 NAME	
STREET ADDRESS	633 E COLONIAL DR	4.3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DONELSON, BEVERLEY	5.2 NAME	
STREET ADDRESS	633 E COLONIAL DR	5.3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	5.4 CITY ST ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, SANDRA	6.2 NAME	
STREET ADDRESS	633 E. COLONIAL DRIVE	6.3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	6.4 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 5/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004106