

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

1

FILED

98 DEC 17 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P14413

1. Corporation Name

Pharmacy Operations, Inc.

Principal Place of Business

Mailing Address

1100 N. Lindbergh Blvd.
St. Louis, MO 63132

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 95-98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

5/12/87

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-3457864

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Dir.	John C. Kane	5555 Glendon Ct. Dublin, OH 43016	Dublin, OH 43016
Pres.	David A. Abrahamson	1100 N. Lindbergh Blvd.	St. Louis, MO 63132
VP	Ronald T. Hofmeister	1100 N. Lindbergh Blvd.	St. Louis, MO 63132
Sec.	Jeffrey A. Brimer	1100 N. Lindbergh Blvd.	St. Louis, MO 63132
Treas.	Stephanie A. Wagoner	5555 Glendon Ct.	Dublin, OH 43016
			300002714083-6

8. Name and Address of Current Registered Agent

CT Corporation
1200 S. Pine Island Rd.
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.
City Tallahassee State FL Zip Code 32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Julia M. White
REGISTERED AGENT MUST SIGN

Date

12-10-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes

No

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

David A. Abrahamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David A. Abrahamson, President

12/4/98
Date

314-993-6000
Daytime Phone #

CR2EC40 (1/95)

2



ACCOUNT NO. : 072100000032
REFERENCE : 060420 4710734
AUTHORIZATION : Patricia Fyfe
COST LIMIT : \$ 1200.00

ORDER DATE : December 10, 1998
ORDER TIME : 10:24 AM
ORDER NO. : 060420-005
CUSTOMER NO: 4710734
CUSTOMER: Ms. Besty Dennis
Medicine Shoppe International,
1100 North Lindbergh Street.
St. Louis, MO 63132

ANNUAL REPORT FILING

NAME: PHARMACY OPERATIONS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS: _____

RECEIVED
98 DEC 17 AM 8:46
DIVISION OF CORPORATION