

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra El Marthom  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
DIVISION OF CORPORATIONS  
MAY 10 1995

DOCUMENT # **P94000081742 (6)**

1. Corporation Name  
**FT. LAUDERDALE PHARMACY, INC.**

Principal Place of Business      Mailing Address  
**1400 OAKLAND PARK BOULEVARD  
SUITE 108  
FT. LAUDERDALE FL 33334**      **1400 OAKLAND PARK BOULEVARD  
SUITE 108  
FT. LAUDERDALE FL 33334**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/07/1994**

4. FEI Number      Applied For  
**47-1654942**      Not Applicable

5. Certificate of Status Desired      **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing      **\$5.00 May Be  
Trust Fund Contribution**      Added to Fees

7. This corporation has liability for a tort claim less than \$100,000,  
Florida Statutes      Yes  No

2. Principal Place of Business      2a. Mailing Address  
21      26

    Suite, Apt #, etc      Suite, Apt #, etc  
22      27

    City & State      City & State  
23      28

    Zip      Zip  
24      25 **BROWARD**      29      30 **BROWARD**

9. Name and Address of Current Registered Agent  
**ANDERSON-WEINSTEIN, PATRICIA  
1400 OAKLAND PARK BOULEVARD  
SUITE 108  
FT. LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent  
81 Name **JOHN M. GUTOWSKIE**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1400 E OAKLAND PK. Blvd #102**  
83  
84 City **OAKLAND PARK** FL 85 Zip Code **33334**

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 **JOHN M. GUTOWSKIE**      *John M. Gutowski 4/10/95 5/24/95*  
Signature: Typed or printed name of registered agent and title if applicable      NOTE: Registered agent signature required when reinstating      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT - DIRECTOR</b>
NAME	<b>PHILIP D. SHORT</b>
STREET ADDRESS	<b>2151 SW HUNT CIRCLE</b>
CITY - ST - ZIP	<b>LEE'S SUMMIT, MO 64081</b>
TITLE	<b>VP/SEC</b>
NAME	<b>PERRY ANDERSON</b>
STREET ADDRESS	<b>15708 W. 138<sup>th</sup> TERR</b>
CITY - ST - ZIP	<b>OLATHE, KS. 66062</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Philip D. Short*      **PHILIP D. SHORT**      5/30/95      516-942-9500  
Signature: Typed or printed name of officer or director      Date      Original Filing #