


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Mar 31 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000079709 (6)**  
 1. Corporation Name  
**GENESIS PHARMACY SERVICES, INC.**



Principal Place of Business <del>POST OFFICE BOX 5869</del> <del>SUN CITY CENTER FL 33571-5869</del>	Mailing Address <del>POST OFFICE BOX 5869</del> <del>SUN CITY CENTER FL 33571-5869</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6206 Benjamin Road</b> Suite, Apt. #, etc. 22 <b>Suite 314</b> City & State 23 <b>Tampa Florida</b> Zip 24 <b>33634</b>		2a. Mailing Address 26 <b>6206 Benjamin Road</b> Suite, Apt. #, etc. 27 <b>Suite 314</b> City & State 28 <b>Tampa Florida</b> Zip 29 <b>33634</b>		3. Date Incorporated or Qualified <b>09/12/1997</b>	
25 <b>U.S.A.</b>		30 <b>U.S.A.</b>		4. FEI Number <b>59--3468608</b>	
23 <b>Florida</b>		28 <b>Florida</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>33634</b>		29 <b>33634</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 <b>U.S.A.</b>		30 <b>U.S.A.</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**PYLE, TERRENCE F**  
**707 DEL WEBB BOULEVARD**  
**SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent  
 81 Name **Mark P. Beckel**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**6206 Benjamin Rd**  
 83 **Suite 314**  
 84 City **Tampa** **FL** 85 Zip Code **33634**

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 *Mark P. Beckel* (NOTE: Registered Agent signature required when reinstating) DATE **3/16/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<del>PYLE, TERRENCE F</del>
STREET ADDRESS	<del>POST OFFICE BOX 5869</del>
CITY-ST-ZIP	<del>SUN CITY CENTER FL 33571-5869</del>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>D P BECKEL, Mary F.</b>
1.3 STREET ADDRESS	<b>6206 Benjamin Road, Suite 314</b>
1.4 CITY-ST-ZIP	<b>Tampa, Florida 33634</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>S T BECKEL, Mark P.</b>
2.3 STREET ADDRESS	<b>6206 Benjamin Road, Suite 314</b>
2.4 CITY-ST-ZIP	<b>Tampa, Florida 33634</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 changed or if an attachment will be an address.

SIGNATURE *Mark P. Beckel* DATE **3/16/98**

CFR2E034 (10/97)