2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State
04-14-2000 90123 008 ***150.00

DOCUMENT # P99000019080

1. Entity Name

JMC PHARMACY SERVICES, INC.

Principal Place of Business	Mailing Address
1000 NW 15TH ST BOCA RATON FL 33431	1000 NW 15TH ST BOCA RATON FL 33486-1331

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1000 NW 15TH Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Boca Raton, Fl	
City & State	City & State
33486 / US	Zip / Country

4. FEI Number — [X] Applied For [ ] Not Applicable

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

6. Name and Address of Current Registered Agent

SPEAR, GARRY R
5455 N FEDERAL HWY, SUITE I
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name: Patrick S. Kirse
Street Address (P.O. Box Number is Not Acceptable): 1000 NW 15TH Street
City: Boca Raton **FL** Zip Code: 33486

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Patrick S Kirse 4/10/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHERNAK, MICHAEL 1000 NW 15TH ST BOCA RATON FL 33431	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHERNAK, MICHAEL 1000 NW 15TH Street Boca Raton, Fl 33486	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANDOR, LEONARD 150 E PALMETTO PARK RD, 4TH FL BOCA RAOTN FL 33432	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACOBSEN, HARVEY 150 E PALMETTO PARK RD, 4TH FL BOCA RATON FL 33432	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. KIRSE, PATRICK S. 1000 NW 15TH Street Boca Raton, Fl 33486	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

CR2F034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patrick S Kirse 4/10/00 561 289-5266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #