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

PROFIT CORPORATION ANNUAL REPORT

1997



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S81697

(2)

IV-1, INC.

Dba PRIORITY PHARMACY

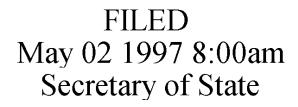
SERVICES

SOC M CENTRAL DIVEY #1710

Principal Place of Business

Mailing Address

285 W CENTRAL DIWY #1710





ALTAMONTE SPRINGS FL 32714		ALTAMONTE SPRINGS FL 32714-2554						
					3. Date Incorporated or Qualified 09/20/1991	1	e of La:	st Report
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Y=1.1	L	Applied For
21		26			59-3099905	59-3099905 Not Applicat		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State	City & State City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Z _I p	Goun	try	8. This corporation has liability for in	ntangibie t		er s. 199.032,
=-1	g. Name and Address of Current				10. Name and Address of New Re	gistered A	gent	
MCI	NTYRE, MELISSA			31 Nam	e			
	W. CENTRAL PARKWAY		la la	32 Stree	el Address (P.O. Box Number is Not Acceptab	le)		
SUI	TE <u>1719</u>			33			<u></u> .	
ALT	AMONTE SPRINGS FL 32714						11	
	•		'	34 City		FL	85	?ip Code
	to the provisions of Sections 607.050/ egistered agent, or both, in the State m familiar with, and accept the obliga-	² and 607.1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, F	tes, the ab- authorized lorida Statu	by the cotes.	ed corporation submits this statement for the p orporation's board of directors. I hereby accep	urpose of o t the appo	changir intmen	ng its registered as registered
SIGNATURE	Signature, typod or printed name of registered agei		1E Registered	Agent signate	ore required when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	OEO D	☐ DELETE	1.1 1111	F		l	Chan	ge L_ Addition
NAME	BINDLEY, WILLIAM E.	•••	1.2 NAN	lE	1 .			
STREET ADDRESS	10333 N. MERIDAN ST., STE.	300		EE1 ADORESS	S			
CITY-ST-ZIP	INDIANPOLIS IN	Decete		'-\$1-ZIP			100	
TITLE	EVP	☐ DELETE	21 Till			ı] Char	ge L Addition
NAME	WOODARD, WILLIAM	FC 4740	2 2 NAM					
STREET ADDRESS	285 W. CENTRAL PKWY., SUI ALTAMONTE SPRINGS FL	IE 1/18		EET ADDRESS				
CITY-ST-ZIP TITLE	EVPD	DELETE	2 4 UII	Y-ST-ZIP			Char	ge Addition
NAME	MCCORMICK, MICHAEL D.		3.2 NAM			•		go ES Floorition
STREET ADORESS	10333 N. MERDIAN ST., STE 3	enn		T ADDRESS	s			
CITY-ST-ZIP	INDIANPOLIS IN	, o o		Y-S1-ZIF				
TITLE	EVP b	DELETE	4.1 7171				Chan	ge Addition
NAME	SALENTINE, THOMAS J.		4. 2 NA	ΜE				
STREET ADDRESS	10333 N. MERIDIAN ST., STE.	300	4.3 STR	EET ADDRESS	S			
CITY-ST-ZIP	INDIANPOLIS IN		4.4 CIT	-S1-7IP				
TITLE	PC00	DELETE	5.1 TiTL	F			Char	ge 🔲 Addition
NAME	MCINTYRE, MELISSA		5.2 NAM	1 E	J			
STREET ADDRESS	285 W. CENTRAL PARKWAY,	STE. 1719	5 3 STR	eet address	s			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			-\$1 - ZIP				
TITLE		DELETE	6.1 TITU	F	· ·	[Chan	ge 🔲 Addition
NAME			6.2 NAM					
STREET ADDRESS			6.3 STR	FET ADDRESS	S			
CITY-ST-ZIP				/ - S1 - ZIP				
14. I do heret	by certify that the information supplied	I with this filing does not qual	Iny for the ϵ	xemption	stated in Section 119.07(3)(i), Florida Statutes	s. I further	certify t	hal 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

317/298-9860