

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S81697 (2)
1. Corporation Name
IV-1, INC.
DBA PRIORITY PHARMACY SERVICES



Principal Place of Business Mailing Address
285 W. CENTRAL PKWY. #1719 285 W. CENTRAL PKWY. #1719
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714-2554

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
09/20/1991 02/07/1996
4. FEI Number Applied For
59-3099905 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
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCINTYRE, MELISSA
285 W. CENTRAL PARKWAY
SUITE 1719
ALTAMONTE SPRINGS FL 32714

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

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 CEO D
NAME BINDLEY, WILLIAM E.
STREET ADDRESS 10333 N. MERIDIAN ST., STE. 300
CITY-ST-ZIP INDIANAPOLIS IN
TITLE EVP
NAME WOODARD, WILLIAM
STREET ADDRESS 285 W. CENTRAL PKWY., SUITE 1719
CITY-ST-ZIP ALTAMONTE SPRINGS FL
TITLE EVP D
NAME MCCORMICK, MICHAEL D.
STREET ADDRESS 10333 N. MERIDIAN ST., STE 300
CITY-ST-ZIP INDIANAPOLIS IN
TITLE EVP D
NAME SALENTINE, THOMAS J.
STREET ADDRESS 10333 N. MERIDIAN ST., STE. 300
CITY-ST-ZIP INDIANAPOLIS IN
TITLE PCOO
NAME MCINTYRE, MELISSA
STREET ADDRESS 285 W. CENTRAL PARKWAY, STE. 1719
CITY-ST-ZIP ALTAMONTE SPRINGS FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 on an attachment with an address.

SIGNATURE:

Michael D. McCormick

4/14/97

317/298-9840

CR2E034 (9/96)