COF ANNL	PROFIT RPORATION JAL REPORT 1996	Sand Soon	PARTMENT OF STATE ra B. Mortham etary of State OF CORPORATIONS			
DOCUMENT # 267165 (9						
•	MPSON'S PHARMACY, INC.			1 0.0 (c.0. 11.0 in 11.10) 20.0 (c.o.) 4.14 in 11.10 (c.o.) 4.14 in 11.10 (c.o.)	linga billi badar dedar bil	nii Gigii nigii gana iga
rincipal Place	of Business	Mailing Address				
9922 BEA		9922 BEACH BLVE JACKSONVILLE FL US				
				3. Date incorporated or Qualified 02/14/1963	3a. Date of Las 06/14	st Report 4/1995
Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number 59-0998623		Applied For
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	1 1 '	Not Applicable 75 Additional ee Required
City & State	3	Oity & State		Flection Campaign Financing Trust Fund Contribution	\$5	5.00 May Be
Ζιρ	Country 25	Zip 29	Country 30	8. This corporation has liability for i		dded to Fees ers 199.032,
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New R		
			84 City			Zip Code
familiar wit	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Section			pration submits this statement for the purp and of directors. Thereby accept the appo	pose of changing r bintment as registe	its registered office red agent. I am
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and closs 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 this 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 Blonk 13 if changed, or on an attachment with an address.

SIGNATURE:

Chapter S. N. Waw.

3-2-96

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Daylor Blonk 12 circles