FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Apr 15 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 # **360370** **(1)**

1. Corporation Name
MEADOWLAWN PHARMACY INC

Principal Place of Business	Mailing Address
6401 NINTH ST NORTH ST PETERSBURG FL 33702	6401 NINTH ST NORTH ST PETERSBURG FL 33702-6623

3. Date Incorporated or Qualified: 03/02/1970
3a. Date of Last Report: 04/09/1996

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

4. FEI Number: 59-1286480 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be 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

DANIELS, JR. T
6401 9TH STREET NORTH
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name: RONALD L. McMILLAN
82 Street Address (P.O. Box Number is Not Acceptable): 6401 9th street North
83
84 City: St. Petersburg **FL** 85 Zip Code: 33702

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: RONALD L. McMILLAN — 1-8-97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WOLFSON, BERNARD B		1.2 NAME		
STREET ADDRESS	6401 9TH ST NO		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DANIELS JR, THOMAS B		2.2 NAME		
STREET ADDRESS	6401 9TH ST NO		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000		2.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DUQUETTE, FRANCIS D		3.2 NAME		
STREET ADDRESS	6401 9TH STREET NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	President - Director	☒ Change ☐ Addition
NAME	MCMILLAN, RONALD L		4.2 NAME		
STREET ADDRESS	6401 9TH STREET NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: RONALD L. McMILLAN President — 1-8-97 — 813-525-1564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0372939