FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 7:51

DOCUMENT # 370248 (7)

1. Corporation Name
GALEN DRUGS OF FLORIDA, INC.

Principal Place of Business
6401 NINTH STREET NORTH
ST PETERSBURG FL 33702

Mailing Address
6401 NINTH STREET NORTH
ST PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/24/1970
3a. Date of Last Report: 04/05/1994

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: 59-1302221 ☐ 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 XX 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
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 ____________ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	DUQUETTE, FRANCIS D	1.2 NAME	
STREET ADDRESS	6401 9TH STREET NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MCMILLAN, RONALD L	2.2 NAME	
STREET ADDRESS	6401 9TH STREET NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WOLFSON, BERNARD B	3.2 NAME	
STREET ADDRESS	6401 9TH ST NO	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	DANIELS JR, THOMAS B	4.2 NAME	
STREET ADDRESS	6401 9TH ST NO	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	DIRECTOR ☐ Change XX Addition
NAME		5.2 NAME	DANIELS, ROBERT L.
STREET ADDRESS		5.3 STREET ADDRESS	6401 9th STREET NORTH
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702
TITLE		6.1 TITLE	DIRECTOR ☐ Change XX Addition
NAME		6.2 NAME	DANIELS, MICHAEL D.
STREET ADDRESS		6.3 STREET ADDRESS	6401 9th STREET NORTH
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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: [signature], RONALD L. McMILLAN 2/20/95 (813)525-1564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008783 CP