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Jan 14 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 # 393365 (2)
1. Corporation Name
KEYSTONE POINT MEDICAL PHARMACY, INC.



Principal Place of Business: 1015 KANE CONCOURSE, BAY HARBOR ISLANDS FL 33154 US
Mailing Address: 1015 KANE CONCOURSE, BAY HARBOR ISLANDS FL 33154-2105 US

3. Date Incorporated or Qualified: 12/28/1971
3a. Date of Last Report: 02/05/1996
4. FEI Number: 59-1371283
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

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

9. Name and Address of Current Registered Agent
ZEMEL & KAUFMAN, P.A.
3550 BISCAYNE BLVD.
STE. 603
MIAMI FL 16975-4528

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City, 85. Zip Code (FL)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 12 rows for Officers and Directors. Columns include Title, Name, Street Address, City-St-Zip, and a DELETED checkbox. Entries include Melvin B. Prine and Bessie Goldman.

Table with 12 rows for Additions/Changes to Officers and Directors in 12. Columns include Title, Name, Street Address, City-St-Zip, and checkboxes for Change and Addition.

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 unchanged, or on an attachment with an address.

SIGNATURE: *Blanche Prine - Blanche Prine* 1/14/97 305-465-3746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)