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

APPROVED AND FILED

95 APR 24 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F57484** **(0)**

1. Corporation Name
PARKWOOD PHARMACY, INC.

Principal Place of Business	Mailing Address
9708 S. R. 52 P. O. BOX 1029 34668N FL 34656-1029 US	9708 S. R. 52 P. O. BOX 1029 NEW PORT RICHEY FL 34656-1029

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/07/1981**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2152502** ☐ 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

VINCENT JAMES F.
5560 FRANCES AVE.
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name: Vincent James F.
82 Street Address (P.O. Box Number is Not Acceptable): 5124 Miller Bayou Dr.
83
84 City: Port Richey FL 85 Zip Code: 34668

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	1.1 TITLE	PST	☑ Change ☐ Addition
NAME	VINCENT, JAMES F.	1.2 NAME	Vincent, James F.	
STREET ADDRESS	5560 FRANCES AVE.	1.3 STREET ADDRESS	5124 Miller Bayou Dr.	
CITY-ST-ZIP	NEW PT. RICHEY FL	1.4 CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	D	2.1 TITLE	D	☑ Change ☐ Addition
NAME	VINCENT, JAMES F.	2.2 NAME	Vincent, James F.	
STREET ADDRESS	5560 FRANCES AVE.	2.3 STREET ADDRESS	5124 Miller Bayou Dr.	
CITY-ST-ZIP	NEW PT. RICHEY FL	2.4 CITY-ST-ZIP	Port Richey, FL 34668	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do 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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0460064 FP