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 -7 AM 5:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005293 (6)

1. Corporation Name
PHARMACY EQUITIES, INC.

Principal Place of Business	Mailing Address
148 W. STATE ST. SUITE 100 KENNETT SQUARE PA 19348	515 FAIRMONT AVE. SUITE 900 TOWSON MD 21286 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26 148 WEST STATE STREET
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27 SUITE 100
City & State 23	City & State 28 KENNETT SQUARE PA
Zip 24 Country 25	Zip 29 19348 Country 30 USA

4. FEI Number: 23-2739583 ☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WALKER, MICHAEL R	12 NAME	
STREET ADDRESS	148 W. STATE ST.	13 STREET ADDRESS	
CITY ST ZIP	KENNETT SQUARE PA 19348	14 CITY ST ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	HAGER, GEORGE V JR	22 NAME	
STREET ADDRESS	148 W. STATE ST.	23 STREET ADDRESS	
CITY ST ZIP	KENNETT SQUARE PA 19348	24 CITY ST ZIP	
TITLE	VS	31 TITLE	☐ Change ☐ Addition
NAME	HOCH, LEWIS J	32 NAME	
STREET ADDRESS	148 W. STATE ST.	33 STREET ADDRESS	
CITY ST ZIP	KENNETT SQUARE PA 19348	34 CITY ST ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	GUBERNICK, IRA C	42 NAME	
STREET ADDRESS	148 W. STATE ST.	43 STREET ADDRESS	
CITY ST ZIP	KENNETT SQUARE PA 19348	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HOWARD, RICHARD R	52 NAME	
STREET ADDRESS	148 W. STATE ST.	53 STREET ADDRESS	
CITY ST ZIP	KENNETT SQUARE PA 19348	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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] GEORGE V. HAGER JR. 3/27/95 (610) 444-6350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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