**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F93000005293 (6)**

1. Corporation Name

**PHARMACY EQUITIES, INC.**

Principal Place of Business
148 W. STATE ST.
SUITE 100
KENNETT SQUARE PA 19348

Mailing Address
148 WEST STATE STREET
SUITE 100
KENNETT SQUARE PA 19348
US

3. Date Incorporated or Qualified: 11/19/1993
3a. Date of Last Report: 04/07/1995

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: 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 607.0507 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 — Signature of New Registered Agent — DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | ~~PD~~ | ☐ DELETE |
| NAME | WALKER, MICHAEL R | |
| STREET ADDRESS | 148 W. STATE ST. | |
| CITY-ST-ZIP | KENNETT SQUARE PA 19348 | |
| TITLE | ~~VP~~ | ☐ DELETE |
| NAME | HAGER, GEORGE V JR | |
| STREET ADDRESS | 148 W. STATE ST. | |
| CITY-ST-ZIP | KENNETT SQUARE PA 19348 | |
| TITLE | VS | ☒ DELETE |
| NAME | HOCH, LEWIS J | |
| STREET ADDRESS | 148 W. STATE ST. | |
| CITY-ST-ZIP | KENNETT SQUARE PA 19348 | |
| TITLE | ~~AS~~ | ☐ DELETE |
| NAME | GUBERNICK, IRA C | |
| STREET ADDRESS | 148 W. STATE ST. | |
| CITY-ST-ZIP | KENNETT SQUARE PA 19348 | |
| TITLE | D | ☐ DELETE |
| NAME | HOWARD, RICHARD R | |
| STREET ADDRESS | 148 W. STATE ST. | |
| CITY-ST-ZIP | KENNETT SQUARE PA 19348 | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE | D | ☒ Change ☐ Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | V, CFO | ☒ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | T | ☐ Change ☒ Addition |
| 3.2 NAME | KENNETH R. KUHNLE | |
| 3.3 STREET ADDRESS | 148 W. STATE STREET | |
| 3.4 CITY-ST-ZIP | KENNETT SQUARE, PA 19348 | |
| 4.1 TITLE | S | ☒ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

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)(k), 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 registered 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1-18-96 — Daytime Phone #: (610)444-6350