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 JUN 13 AM 10:09

DOCUMENT # **F94000005992 (2)**

1. Corporation Name
HEALTHSTAR PHARMACEUTICAL SERVICES, INC.

Principal Place of Business	Mailing Address
971 W. 15TH STREET P.O. BOX 11148 RIVIERA BEACH FL 33419	971 W. 15TH STREET P.O. BOX 11148 RIVIERA BEACH FL 33419

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1994
3a. Date of Last Report:

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: ~~25-0576425~~ APPLIED FOR ☐ 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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 607.0502 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 mailing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTC	11 TITLE	☐ Change ☐ Addition
NAME	GRABOWSKI, WILLIAM J	12 NAME	
STREET ADDRESS	139 SUNRISE AVE. #208	13 STREET ADDRESS	
CITY ST ZIP	PALM BEACH FL 33480	14 CITY ST ZIP	
TITLE	EVD	21 TITLE	☐ Change ☐ Addition
NAME	HUSSEY, RICHARD P	22 NAME	
STREET ADDRESS	8656 S.E. NORTH PASSAGE WAY	23 STREET ADDRESS	
CITY ST ZIP	TEQUESTA FL 33469	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	SARGENT, C. FORBES III	32 NAME	
STREET ADDRESS	25 CANTON AVE.	33 STREET ADDRESS	
CITY ST ZIP	MILTON MA 02186	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	POYNTER, RICHARD Q	42 NAME	
STREET ADDRESS	711 PINEHURST WAY	43 STREET ADDRESS	
CITY ST ZIP	PALM BEACH GARDENS FL 33418	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	BASEMAN, HAROLD	52 NAME	
STREET ADDRESS	6146 WOOD CREEK COURT	53 STREET ADDRESS	
CITY ST ZIP	JUPITER FL 33458	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 any attachment with an address.

SIGNATURE: Richard P. Hussey RICHARD P. HUSSEY V.P. 5/25/95 (407) 844-3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0436424 FP