FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 JUL 15 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000004358 (5)

1. Corporation Name
ALLIED PHARMACY MANAGEMENT, INC.
APS PHARMACY MANAGEMENT, INC Name OLD

Principal Place of Business
8615 FREEPORT PKWY #250
IRVING TX 75063

Mailing Address
8615 FREEPORT PKWY #250
IRVING TX 75063-2551

3. Date Incorporated or Qualified: **08/26/1996**
3a. Date of Last Report:

2. Principal Place of Business
21 1771 W. DIEHL ROAD, SUITE 210
Suite, Apt. #, etc.
22 Naperville, IL
City & State
23
Zip 24 60563 Country 25 USA

2a. Mailing Address
26 1771 W. DIEHL ROAD, SUITE 210
Suite, Apt. #, etc.
27 Naperville, IL
City & State
28
Zip 29 60563 Country 30 USA

4. FEI Number: **75-2091355** ☐ 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 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

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****550.00 ****550.00

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

12. OFFICERS AND DIRECTORS

TITLE	DC	☒ DELETE
NAME	WALTER, ROBERT D	
STREET ADDRESS	5555 GLENDON CT.	
CITY-ST-ZIP	DUBLIN OH 43016	
TITLE	PDC	☒ DELETE
NAME	KANE, JOHN C	
STREET ADDRESS	5555 GLENDON CT.	
CITY-ST-ZIP	DUBLIN OH 43016	
TITLE	V	☒ DELETE
NAME	BEARMAN, DAVID	
STREET ADDRESS	5555 GLENDON CT.	
CITY-ST-ZIP	DUBLIN OH 43016	
TITLE	V	☒ DELETE
NAME	BENNETT, GEORGE H JR	
STREET ADDRESS	5555 GLENDON CT.	
CITY-ST-ZIP	DUBLIN OH 43016	
TITLE	V	☒ DELETE
NAME	TOMKO, CAROLE W	
STREET ADDRESS	5555 GLENDON CT.	
CITY-ST-ZIP	DUBLIN OH 43016	
TITLE	V	☒ DELETE
NAME	COVEY, KRISTAN	
STREET ADDRESS	5555 GLENDON CT.	
CITY-ST-ZIP	DUBLIN OH 43016	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	William R. Korsun	
1.3 STREET ADDRESS	1771 W. Diehl Road, Suite 210	
1.4 CITY-ST-ZIP	Naperville, IL 60563	
2.1 TITLE	Boyd P. Gentry	☒ Change ☐ Addition
2.2 NAME	Vice President	
2.3 STREET ADDRESS	15415 Katy Freeway, Suite 800	
2.4 CITY-ST-ZIP	Houston, TX 77094	
3.1 TITLE	Sydney K. Boone	☒ Change ☐ Addition
3.2 NAME	Secretary	
3.3 STREET ADDRESS	15415 Katy Freeway, Suite 800	
3.4 CITY-ST-ZIP	Houston, TX 77094	
4.1 TITLE	Edward L. Kuntz	☒ Change ☐ Addition
4.2 NAME	Director	
4.3 STREET ADDRESS	15415 Katy Freeway, Suite 800	
4.4 CITY-ST-ZIP	Houston TX 77094	
5.1 TITLE	Leroy D. Williams	☒ Change ☐ Addition
5.2 NAME	Director	
5.3 STREET ADDRESS	15415 Katy Freeway, Suite 800	
5.4 CITY-ST-ZIP	Houston, TX 77094	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 if changed, or on an attachment with an address.

SIGNATURE: 7/3/97 (630)305-8000