


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90246 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F97000006383 1. Corporation Name PHARMERICA DRUG SYSTEMS, INC.		



Principal Place of Business 3611 QUEEN PALM DRIVE TAMPA FL 33619 US	Mailing Address 3611 QUEEN PALM DRIVE TAMPA FL 33619 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 175 Kelsey Lane Suite, Apt. #, etc. 22 City & State 23 Tampa, FL Zip 24 33619 Country 25 US		2a. Mailing Address 26 175 Kelsey Lane Suite, Apt. #, etc. 27 City & State 28 Tampa, FL Zip 29 33619 Country 30 US		3. Date Incorporated or Qualified 12/04/1997	4. FEI Number 52-1198121	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301		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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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C <input checked="" type="checkbox"/> DELETE	NAME SILBER, ALLAN	1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME David R. Bank
STREET ADDRESS 130 KING STREET WEST	CITY-ST-ZIP TORONTO CA M5X 1	1.2 NAME	1.3 STREET ADDRESS 5111 Rogers Avenue #40-A
		1.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155
TITLE P <input checked="" type="checkbox"/> DELETE	NAME PERLIS, MORRIS	2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Boyd W. Hendrickson
STREET ADDRESS 130 KING STREET WEST	CITY-ST-ZIP TORONTO CA M5X 1	2.2 NAME	2.3 STREET ADDRESS 5111 Rogers Avenue #40-A
		2.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155
TITLE PCEO <input type="checkbox"/> DELETE	NAME RENSCHLER, C ARNOLD	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 3611 QUEEN PALM DRIVE	CITY-ST-ZIP TAMPA FL 33619	3.2 NAME	3.3 STREET ADDRESS 175 Kelsey Lane
		3.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE EVPC <input type="checkbox"/> DELETE	NAME GERLACH, JERRY	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 3611 QUEEN PALM DR	CITY-ST-ZIP TAMPA FL 33619	4.2 NAME	4.3 STREET ADDRESS 175 Kelsey Lane
		4.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE VP <input checked="" type="checkbox"/> DELETE	NAME HOFMEISTER, TOM	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME
STREET ADDRESS 3611 QUEEN PALM DR	CITY-ST-ZIP TAMPA FL 33619	5.2 NAME	5.3 STREET ADDRESS David Redmond
		5.4 CITY-ST-ZIP	175 Kelsey Lane
TITLE SVP <input type="checkbox"/> DELETE	NAME JOHNSON, CURT	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 3611 QUEEN PALM DR	CITY-ST-ZIP TAMPA FL 33619	6.2 NAME	6.3 STREET ADDRESS 175 Kelsey Lane
		6.4 CITY-ST-ZIP	Tampa, FL 33619

14. I 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, with all other like empowered.

SIGNATURE: David Redmond 1/16/99 813-626-7788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)