

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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G09092** (9)
1. Corporation Name
SOUTHPARK PHARMACY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1554 VENERA AVENUE CORAL GABLES FL 33146		Mailing Address 1554 VENERA AVENUE CORAL GABLES FL 33146	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	
9. Name and Address of Current Registered Agent ALVAREZ, MARIA 3905 SW 128 AVE MIAMI FL 33175			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE				P				1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				ALVAREZ, MARIA				1.2 NAME							
STREET ADDRESS				3905 SW 128 AVE				1.3 STREET ADDRESS							
CITY - ST - ZIP				MIAMI FL				1.4 CITY - ST - ZIP							
TITLE				<input type="checkbox"/> DELETE				2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								2.2 NAME							
STREET ADDRESS								2.3 STREET ADDRESS							
CITY - ST - ZIP								2.4 CITY - ST - ZIP							
TITLE				<input type="checkbox"/> DELETE				3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								3.2 NAME							
STREET ADDRESS								3.3 STREET ADDRESS							
CITY - ST - ZIP								3.4 CITY - ST - ZIP							
TITLE				<input type="checkbox"/> DELETE				4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								4.2 NAME							
STREET ADDRESS								4.3 STREET ADDRESS							
CITY - ST - ZIP								4.4 CITY - ST - ZIP							
TITLE				<input type="checkbox"/> DELETE				5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								5.2 NAME							
STREET ADDRESS								5.3 STREET ADDRESS							
CITY - ST - ZIP								5.4 CITY - ST - ZIP							
TITLE				<input type="checkbox"/> DELETE				6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								6.2 NAME							
STREET ADDRESS								6.3 STREET ADDRESS							
CITY - ST - ZIP								6.4 CITY - ST - ZIP							

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) on an attachment with an address.

SIGNATURE: *[Signature]* **WRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: *1/24/98* Daytime Phone #: 0210705

CR2E034 (10/97)