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

APPROVED AND FILED

9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G53928** **(9)**

1. Corporation Name

PHARMACARE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
3666 TAMIAMI TRAIL N #201 NAPLES FL 33940	3666 TAMIAMI TRAIL N #201 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1983

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 3666 Tamiami Trail N.
Suite, Apt. #, etc.
22 #201
City & State
23 Naples, FL
Zip 24 33940 County 25 USA

2a. Mailing Address
26 100 Corporate North
Suite, Apt. #, etc.
27 Suite 212
City & State
28 Bannockburn, IL
Zip 29 60015 County 30 USA

4. FEI Number: 59-2317469 ☐ 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 a chargeable tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	11 TITLE	☐ Change ☐ Addition
NAME	BAILEY, RAYMOND C.	12 NAME	
STREET ADDRESS	58 TIMBERLAND CIRCLE	13 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL	14 CITY ST ZIP	
TITLE	COO	21 TITLE	☐ Change ☐ Addition
NAME	KOLEFF, MICHAEL G.	22 NAME	
STREET ADDRESS	3666 TAMIAMI TRAIL N #201	23 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	~~WIELAND, R RICHARD II~~	32 NAME	CFO J. Jeffrey Fox
STREET ADDRESS	~~100 CORPORATE N. STE 212~~	33 STREET ADDRESS	100 Corporate N. STE 212
CITY ST ZIP	~~BANNOCKBURN IL~~	34 CITY ST ZIP	Bannockburn, IL 60015
TITLE	VP	41 TITLE	☒ Change ☐ Addition
NAME	~~ANDERSON, G. DAVID~~	42 NAME	VP Neil Stanton
STREET ADDRESS	~~100 CORPORATE NORTH STE 212~~	43 STREET ADDRESS	100 Corporate N. STE 212
CITY ST ZIP	~~BANNOCKBURN IL~~	44 CITY ST ZIP	Bannockburn, IL 60015
TITLE	S	51 TITLE	☐ Change ☒ Addition
NAME	BELLEHUMEUR, CATHY	52 NAME	D Michael T. Prime
STREET ADDRESS	100 CORPORATE NORTH STE 212	53 STREET ADDRESS	15 Dana Point
CITY ST ZIP	BANNOCKBURN IL	54 CITY ST ZIP	Chico, CA 95928
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 above, or on an attachment with an address.

SIGNATURE: Cathy Bellehumeur **4/26/95** **(708)604-7189**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0327060 CP