FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation Name
PHARMACARE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business
3666 TAMIAMI TRAIL N
NAPLES FL 33940
US

Mailing Address
100 CORPORATE NORTH
BANNOCKBURN IL 33940
US

2. Principal Place of Business
21 10060 Amberwood Road
Suite, Apt #, etc.
22 Suite 6
City & State
23 Fort Myers, FL
Zip
24 33913
Country
25 USA

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 08/08/1983
3a. Date of Last Report: 05/01/1995
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 intangible 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

TITLE	CEO	☒ DELETE
NAME	~~BAILEY, RAYMOND C.~~	
STREET ADDRESS	~~58 TIMBERLAND CIRCLE~~	
CITY-ST-ZIP	~~FT. MYERS FL~~	
TITLE	COO	☒ DELETE
NAME	~~KOLEFF, MICHAEL G.~~	
STREET ADDRESS	~~3666 TAMIAMI TRAIL N #201~~	
CITY-ST-ZIP	~~NAPLES FL~~	
TITLE	CFO	☐ DELETE
NAME	FOX JEFFREY J	
STREET ADDRESS	100 CORPORATE N SUITE 212	
CITY-ST-ZIP	BANNOCKBURN IL	
TITLE	VP	☒ DELETE
NAME	~~STANTON, NEIL~~	
STREET ADDRESS	~~100 CORPORATE N SUITE 212~~	
CITY-ST-ZIP	~~BANNOCKBURN IL~~	
TITLE	D	☐ DELETE
NAME	~~PRIME, MICHAEL T~~	
STREET ADDRESS	~~15 DANA POINT~~	
CITY-ST-ZIP	~~CHICO CA~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	COO	☒ Change ☐ Addition
1.2 NAME	Erick E. Hanson	
1.3 STREET ADDRESS	100 Corporate North, Suite 212	
1.4 CITY-ST-ZIP	Bannockburn, IL 60015	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP	☒ Change ☐ Addition
4.2 NAME	Daniel Antolak	
4.3 STREET ADDRESS	100 Corporate North, Suite 212	
4.4 CITY-ST-ZIP	Bannockburn, IL 60015	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Sec.	☐ Change ☒ Addition
6.2 NAME	Cathy Bellehumeur	
6.3 STREET ADDRESS	100 Corporate North, Suite 212	
6.4 CITY-ST-ZIP	Bannockburn, IL 60015	

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 an attachment with an address.

SIGNATURE: Cathy Belle, Secty 2/12/96 (847) 615-1790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (12/95)