

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 FEB 27 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **G62930** (4)

1. Corporation Name
HOME PHARMACY, INC.

Principal Place of Business Mailing Address
**6323 N.W. 12 ST.
SUITE 109
MIAMI FL 33126** **6323 N.W. 12 ST.
SUITE 109
MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/27/1983** 3a. Date of Last Report **08/10/1994**
4. FEI Number **59-2331812** 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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**DAVIS, DAVID
8323 NW 12TH STREET, SUITE 109
MIAMI FL 33126**

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 *C. David Davis* **DAVID DAVIS** 2/9/95
Signature, hand or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS
TITLE P
NAME **PARNESS, MARC**
STREET ADDRESS **7100 S.W. 114TH ST.**
CITY- ST- ZIP **MIAMI, FL 00000**
TITLE V
NAME **LEBERMAN, HOWARD**
STREET ADDRESS **3500 MYSTIC POINT DR. APT. 805**
CITY- ST- ZIP **AVENTURA FL**
TITLE T
NAME **DAVIS, DAVID**
STREET ADDRESS **12101 PINE NEEDLE LANE**
CITY- ST- ZIP **MIAMI FL**
TITLE S
NAME **HALPERIN, IRWIN**
STREET ADDRESS **11045 S.W. 69TH COURT**
CITY- ST- ZIP **MIAMI FL**
TITLE D
NAME **BRICKER, LEE**
STREET ADDRESS **7076 S.W. 48TH LANE**
CITY- ST- ZIP **MIAMI FL**
TITLE D
NAME **PARNESS, ROBERTA**
STREET ADDRESS **7100 S.W. 114TH STREET**
CITY- ST- ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE P Change Addition
NAME **Parness, Marc**
12 STREET ADDRESS **5805 S.W. 1175T.**
13 CITY- ST- ZIP **Miami, FL 33156**
21 TITLE Change Addition
22 NAME **Delete**
23 STREET ADDRESS
24 CITY- ST- ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP
51 TITLE Change Addition
52 NAME **Delete**
53 STREET ADDRESS
54 CITY- ST- ZIP
61 TITLE Change Addition
62 NAME **Delete**
63 STREET ADDRESS
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 110.07(3)(b), 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 owner 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 addendum with an address.

SIGNATURE: *C. David Davis* **DAVID DAVIS** 2/9/95 305-574-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone