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
95 MAY -1 PM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J53871 (6)

1. Corporation Name
PHARMACIST-ANCE INC.

Principal Place of Business	Mailing Address
% MAYNARD J. HIRSHON 114 PALMETTO LANE LARGO FL 34640	% MAYNARD J. HIRSHON 114 PALMETTO LANE LARGO FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1987
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21: 354 Sheffield Circle
22 Suite, Apt. #, etc.:
23 City & State: Palm Harbor, FL
24 Zip: 34683
25 Country: USA

2a. Mailing Address
26: 354 Sheffield Circle
27 Suite, Apt. #, etc.:
28 City & State: Palm Harbor, FL
29 Zip: 34683
30 Country: USA

4. FEI Number: 59-2761723 ☐ 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

HIRSHON, MAYNARD J.
114 PALMETTO LANE
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name: John R. Gross
82 Street Address (P.O. Box Number is Not Acceptable)
83: 354 Sheffield Circle
84 City: Palm Harbor FL 85 Zip Code: 34683

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: John R. Gross John R. Gross, Vice President 4/21/95
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	PD	11 TITLE	President, Director	☑ Change ☐ Addition
NAME	HIRSHON, MAYNARD J.	12 NAME	Karen B. Gross	
STREET ADDRESS	114 PALMETTO LANE	13 STREET ADDRESS	354 Sheffield Circle	
CITY-ST-ZIP	LARGO FL	14 CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	D	21 TITLE	Vice President, Director	☑ Change ☐ Addition
NAME	HIRSHON, M. JANE	22 NAME	John R. Gross	
STREET ADDRESS	114 PALMETTO LANE	23 STREET ADDRESS	354 Sheffield Circle	
CITY-ST-ZIP	LARGO FL	24 CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
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 if changed, or on an attachment with an address.

SIGNATURE: John R. Gross John R. Gross, Vice Pres. 4/21/95 813-786-1779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

096116 CP