

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J56116 (3)

1. Corporation Name

HOME CARE PHARMACY, INC. OF FLORIDA

Principal Place of Business

4677 LB MCLEOD RD.
STE. J
ORLANDO FL 32811

Mailing Address

P.O. BOX 840
LIMA OH 45802
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

KIEFER, NEIL G.
100 2ND AVENUE SOUTH
SUITE 400
ST. PETERSBURG FL

3. Date Incorporated or Qualified

02/10/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2758082

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

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

Signature typed or printed name of registered agent and address

(If the Registered Agent signature is required when filing this report)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME KINTER, MICHAEL G.
STREET ADDRESS 4677 LB MCLEOD RD.
CITY-ST-ZIP ORLANDO FL 32811 ☐ DELETE

TITLE VP
NAME CLARK, RICHARD J.
STREET ADDRESS 100 SHAWNEE RD.
CITY-ST-ZIP LIMA OH 45805 ☐ DELETE

TITLE TD
NAME DUKEMAN, H. BRUCE
STREET ADDRESS 1100 SHAWNEE RD.
CITY-ST-ZIP LIMA OH 45805 ☒ DELETE

TITLE S
NAME ROUSH, BRAD C
STREET ADDRESS 11000 SHAWNEE RD.
CITY-ST-ZIP LIMA OH 45805 ☐ DELETE

TITLE D
NAME BORRA, PIER C
STREET ADDRESS 1100 SHAWNEE RD.
CITY-ST-ZIP LIMA OH 45805 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE Treasurer
3.2 NAME Stephen M. Mengert
3.3 STREET ADDRESS 1100 Shawnee Rd
3.4 CITY-ST-ZIP Lima OH 45805 ☒ Change ☐ Addition

4.1 TITLE Secretary/Director
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)