


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 45802-0840 US
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3. Date Incorporated or Qualified 02/10/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2758082	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 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 P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KINTER, MICHAEL G.		1.2 NAME Allan K. Vrable	
STREET ADDRESS 4677 LB MCLEOD RD.		1.3 STREET ADDRESS 4677 LB MCLEOD RD. 1100 Shawnee Rd.	
CITY-ST-ZIP ORLANDO FL 32811		1.4 CITY-ST-ZIP Orlando, FL Lima, OH 45805	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLARK, RICHARD J.		2.2 NAME Michael G. Kinter	
STREET ADDRESS 100 SHAWNEE RD.		2.3 STREET ADDRESS 4677 LB McLeod Rd.	
CITY-ST-ZIP LIMA OH 45056		2.4 CITY-ST-ZIP Orlando FL 32811	
TITLE T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEPHEN M. MENGERT		3.2 NAME Dennis R. Smith	
STREET ADDRESS 1100 SHAWNEE RD		3.3 STREET ADDRESS 1100 Shawnee Rd.	
CITY-ST-ZIP LIMA OH		3.4 CITY-ST-ZIP Lima OH 45805	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROUSH, BRAD C		4.2 NAME	
STREET ADDRESS 11000 SHAWNEE RD.		4.3 STREET ADDRESS 1100 Shawnee Rd.	
CITY-ST-ZIP LIMA OH		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BORRA, PIER C		5.2 NAME	
STREET ADDRESS 1100 SHAWNEE RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP LIMA OH 45805		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0506601

CR2E034 (9/96)