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May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 105 W. MICHIGAN ST. Suite, Apt. #, etc.		2a. Mailing Address 26 105 W. MICHIGAN ST. 6TAX DEPT Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/10/1987	
22 City & State 23 MILWAUKEE, WI.		27 City & State 28 MILWAUKEE, WI.		4. FEI Number 59-2758082	
24 53203		29 53203		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 U.S.		30 U.S.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D, P.
NAME	VRABLE, ALLAN K	1.2 NAME	J. WESLEY CARTER
STREET ADDRESS	1100 SHAWNEE RD	1.3 STREET ADDRESS	105 W. MICHIGAN ST
CITY-ST-ZIP	LIMA OH	1.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	VP	2.1 TITLE	V
NAME	CLARK, RICHARD J.	2.2 NAME	LELAND M. AUSTIN
STREET ADDRESS	100 SHAWNEE RD.	2.3 STREET ADDRESS	105 W. MICHIGAN ST.
CITY-ST-ZIP	LIMA OH 45056	2.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	T	3.1 TITLE	V
NAME	SMITH, DENNIS R	3.2 NAME	RICHARD LUBERTRAND
STREET ADDRESS	1100 SHAWNEE RD	3.3 STREET ADDRESS	105 W. MICHIGAN ST.
CITY-ST-ZIP	LIMA OH	3.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	SD	4.1 TITLE	S, D
NAME	ROUSH, BRAD C	4.2 NAME	MELVINA. RHINELANDER
STREET ADDRESS	1100 SHAWNEE RD	4.3 STREET ADDRESS	105 W. MICHIGAN ST.
CITY-ST-ZIP	LIMA OH	4.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	D	5.1 TITLE	V
NAME	BORRA, PIER C	5.2 NAME	WALTER A. LEVONOWICH
STREET ADDRESS	1100 SHAWNEE RD.	5.3 STREET ADDRESS	105 W. MICHIGAN ST.
CITY-ST-ZIP	LIMA OH 45805	5.4 CITY-ST-ZIP	MILWAUKEE, WI 53203
TITLE	VP	6.1 TITLE	
NAME	KINTER, MICHAEL G	6.2 NAME	
STREET ADDRESS	4677 LB MCLEOD RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

14. I 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. WALTER A. LEVONOWICH

SIGNATURE: _____ V.P. 4-24-98 414-347-4404

CR2E034 (10/97)