

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90158 046 \*\*\*150.00

DOCUMENT # J56116

1. Corporation Name

HOME CARE PHARMACY, INC. OF FLORIDA



Principal Place of Business

105 W MICHIGAN STREET  
STE. J  
MILWAUKEE WI 53203  
US

Mailing Address

105 W MICHIGAN STREET  
C/O TAX DEPT  
MILWAUKEE WI 53203  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1987

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 owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.  
3953 WW KELLEY ROAD  
TALLAHASSEE FL 32311

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME CARTER J WESLEY  
STREET ADDRESS 105 W MICHIGAN STREET  
CITY-ST-ZIP MILWAUKEE WI 53203

DELETE

TITLE V  
NAME AUSTIN, LELAND M  
STREET ADDRESS 105 W MICHIGAN STREET  
CITY-ST-ZIP MILWAUKEE WI 53203

DELETE

TITLE V  
NAME BERTRAND, RICHARD L  
STREET ADDRESS 105 W MICHIGAN STREET  
CITY-ST-ZIP MILWAUKEE WI 53203

DELETE

TITLE SD  
NAME RHIMELANDER, MELVIN A  
STREET ADDRESS 105 W MICHIGAN STREET  
CITY-ST-ZIP MILWAUKEE WI 53203

DELETE

TITLE V  
NAME LEVONOWICH, WALTER A  
STREET ADDRESS 105 W MICHIGAN STREET  
CITY-ST-ZIP MILWAUKEE WI 53203

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  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE  
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 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, with all other like empowered.

SIGNATURE:

Walter A. Levonowich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/99 (414) 908-8093

CR2E034 (11/98)

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