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 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # J56577 (6)

1. Corporation Name
SUNCOAST PHARMACY SERVICES, INC.

Principal Place of Business	Mailing Address
~~1970 LANDINGS BLVD.~~ ~~SUITE 301~~ ~~SARASOTA FL 34231~~	~~1970 LANDINGS BLVD.~~ ~~SUITE 301~~ ~~SARASOTA FL 34231~~

3. Date Incorporated or Qualified: 02/11/1987
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business	2a. Mailing Address
21 10065 Red Run Blvd.	26 10065 Red Run Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Owings Mills, MD	City & State 28 Owings Mills, MD
Zip 24 21117 Country 25 USA	Zip 29 21117 Country 30 USA

4. FEI Number: 59-2773492 ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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: (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	PD	☒ Change ☒ Addition
NAME	NATTER, MARTIN R.	12 NAME	Cirka, Lawrence P.	
STREET ADDRESS	1970 LANDINGS BLVD., SUITE 301	13 STREET ADDRESS	10065 Red Run Blvd.	
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	Owings Mills MD 21117	
TITLE	VD	21 TITLE	VD	☒ Change ☒ Addition
NAME	GOOEIS, ELLEN	22 NAME	Elkins, Marshall A.	
STREET ADDRESS	1970 LANDINGS BLVD., SUITE 301	23 STREET ADDRESS	10065 Red Run Blvd.	
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP	Owings Mills MD 21117	
TITLE	VD	31 TITLE	SD	☒ Change ☒ Addition
NAME	ROBERTSON, SCOTT	32 NAME	Levin, Marc B.	
STREET ADDRESS	1970 LANDINGS BLVD., SUITE 301	33 STREET ADDRES	10065 Red Run Blvd.	
CITY ST ZIP	SARASOTA FL	34 CITY ST ZIP	Owings Mills MD 21117	
TITLE	VDT	41 TITLE	V	☒ Change ☒ Addition
NAME	GRAFT, DAVID L.	42 NAME	Cahill, Dennis A.	
STREET ADDRESS	1970 LANDINGS BLVD., SUITE 301	43 STREET ADDRESS	10065 Red Run Blv.	
CITY ST ZIP	SARASOTA FL	44 CITY ST ZIP	Owings Mills MD 21117	
TITLE	S	51 TITLE	V	☒ Change ☒ Addition
NAME	RPJENEN, SANDRA	52 NAME	Pickett, Taylor	
STREET ADDRESS	1970 LANDINGS BLVD., SUITE 301	53 STREET ADDRESS	10065 Red Run Blvd.	
CITY ST ZIP	SARASOTA FL	54 CITY ST ZIP	Owings Mills MD 21117	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

5/1/95 NS

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 above, or on an attachment with an address.

SIGNATURE: Taylor Pickett 2/9/95 (410)998-8745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP