FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # **J56577** **(6)**

1. Corporate Name
SUNCOAST PHARMACY SERVICES, INC.

Principal Place of Business
10065 RE RUN BLVD.
OWINGS MILLS MD 21117

Mailing Address
10065 RE RUN BLVD.
OWINGS MILLS MD 21117-4827

3. Date Incorporated or Qualified: **02/11/1987**
3a. Date of Last Report: **03/06/1996**
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 [X] No

2. Principal Place of Business
21 10065 Red Run Blvd
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26 10065 Red Run Blvd
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

9. **Name and Address of Current Registered Agent**
CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _______ (Registered Agent signature required when reinstating) _______ DATE

12. OFFICERS AND DIRECTORS

Field	Value	
TITLE	PD	[ ] DELETE
NAME	CIRKA, LAWRENCE. P	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	VD	[ ] DELETE
NAME	ELKINS, MARSHALL A	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	SD	[ ] DELETE
NAME	LEVINTSON, MARC B	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	V	[X] DELETE
NAME	CAHILL, DENNIS . A	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY-ST-ZIP	OWING MILLS FL 21117	
TITLE	V	[ ] DELETE
NAME	FULCHINO, MARK	
STREET ADDRESS	10065 RED RUN BLVD.	
CITY-ST-ZIP	OWING MILLS MD 21117	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	
1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[X] Change [ ] Addition
3.2 NAME	Levin, Marc B.	
3.3 STREET ADDRESS	10065 RED RUN BLVD	
3.4 CITY-ST-ZIP	OWINGS MILLS MD 21117	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [X] Addition
6.2 NAME	Bennett, Bradley	
6.3 STREET ADDRESS	10065 RED RUN BLVD	
6.4 CITY-ST-ZIP	OWINGS MILLS, MD 21117	

CR2E034 (9/96)

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 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: Mark Fulchino mark Fulchino 1/17/97 (410)998-8578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0008949