

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED  
95 MAY -1 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K13586

(8)

1. Corporation Name

MEDICINE MART PHARMACY, INC.

Principal Place of Business

% ROGER L. FOGLE  
910 N. MILLS AVE  
ORLANDO FL 32803

Mailing Address

% ROGER L. FOGLE  
910 N. MILLS AVE  
ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
02/02/1988

3a. Date of Last Report  
03/16/1994

4. FEI Number  
59-2870969

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Country

Country

24

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOGLE, ROGER L.  
910 N. MILLS AVE  
ORLANDO FL 32803

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 of corporation)

(NOTE: Registered Agent signature required when (re)appointing)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
D  
FOGLE, ROGER L.  
7228 SEMINOLE DR  
ORLANDO FL

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY ST ZIP

SIGNATURE:

*Roger L. Fogle* Roger L. Fogle, President 4/24/95 407 894-1704  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR