

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L17195 (3)**

1. Corporation Name
MEDICATION PLUS OF FLORIDA, INC.



Principal Place of Business: **916 W JEFFERSON QUINCY FL 32351 US**
Mailing Address: **PO BOX 3046 COVINGTON LA 70434 US**

2. Principal Place of Business: **21 101 N. Madison St. 22 Quincy, Florida 23 32351**
2a. Mailing Address: **26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30**

3. Date Incorporated or Qualified: **09/19/1989**
3a. Date of Last Report: **03/17/1995**
4. FEI Number: **59-2967228**
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
**EDWARDS, O.W., III
916 W. JEFFERSON
QUINCY FL 32351**

10. Name and Address of New Registered Agent
81 Name: **George H. Massey Jr.**
82 Street Address (P.O. Box Number is Not Acceptable): **3255 Fernwood Dr.**
83
84 City: **Gulf Breeze FL 85 Zip Code: 32562**

11. Pursuant to the provisions of Sections 607.0504 and 607.1504, 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 obligation of, section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-26-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MASSEY, G.H., JR.	
STREET ADDRESS	200 LION DR	
CITY - ST - ZIP	COVINGTON LA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASSEY, ROBERT W.	
STREET ADDRESS	200 LIONS DR	
CITY - ST - ZIP	COVINGTON LA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(k), 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 changes, or in an attachment with an address.

SIGNATURE: *[Signature]* **GEORGE H. MASSEY JR.** DATE: **4/25/96** DISTRICT NUMBER: **504-893-922L**

CR2E034 (12/95)