


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

APPROVED  
AND  
FILED

1996 MAY -3 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---

**DOCUMENT # L42049 (1)**

1. Corporation Name  
**PHARMACY DYNAMICS GROUP, INC.**

Principal Place of Business <b>5111 ROGERS AVENUE SUITE 40-A MIAMI FL 72919-0155 US</b>	Mailing Address <b>5111 ROGERS AVENUE SUITE 40-A MIAMI FL 72919-0155 US</b>
--	--

3. Date Incorporated or Qualified <b>01/09/1990</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0166808</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

**9. Name and Address of Current Registered Agent**

**HANSCOM, LEE  
8333 BRYAN DAIRY RD  
LARGO FL 34647**

**10. Name and Address of New Registered Agent**

81 Name <b>CT Corporation System</b>	85 Zip Code <b>33324</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1200 S Pine Island Road</b>	
83 City <b>Plantation</b>	
84 State <b>FL</b>	

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 *Chris. Green* **M. S. Green, Asst. Secy.** DATE **5/1/96**

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 <b>CD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>300001206-909</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BANKS, DAVID R.</b>		1.2 NAME <b>-05/03/96--01062--002</b>	
STREET ADDRESS <b>5111 ROGERS AVENUE, SUITE 40-A</b>		1.3 STREET ADDRESS <b>****225.00 ****225.00</b>	
CITY-ST-ZIP <b>FORT SMITH AR</b>		1.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KAYNE, RONALD C.</b>		2.2 NAME <b>Mathies, William A.</b>	
STREET ADDRESS <b>5111 ROGERS AVENUE, SUITE 40-A</b>		2.3 STREET ADDRESS <b>5111 Rogers Avenue, Suite 40-A</b>	
CITY-ST-ZIP <b>FORT SMITH AR</b>		2.4 CITY-ST-ZIP <b>Fort Smith, AR 72919-0155</b>	
TITLE <b>EVD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>DVC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WOLTL, ROBERT D.</b>		3.2 NAME <b>Hendrickson, Boyd W.</b>	
STREET ADDRESS <b>5111 ROGERS AVENUE, SUITE 40-A</b>		3.3 STREET ADDRESS <b>5111 Rogers Avenue, Suite 40-A</b>	
CITY-ST-ZIP <b>FORT SMITH AR</b>		3.4 CITY-ST-ZIP <b>Fort Smith, AR 72919-0155</b>	
TITLE <b>DVS</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>POMMERVILLE, ROBERT W.</b>		4.2 NAME	
STREET ADDRESS <b>5111 ROGERS AVENUE, SUITE 40-A</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>FORT SMITH AR</b>		4.4 CITY-ST-ZIP	
TITLE <b>VT</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HOLLINGSWORTH, SCHUYLER</b>		5.2 NAME	
STREET ADDRESS <b>5111 ROGERS AVENUE, SUITE 40-A</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>FORT SMITH AR</b>		5.4 CITY-ST-ZIP	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEPHENS, BOBBY W.</b>		6.2 NAME	
STREET ADDRESS <b>5111 ROGERS AVENUE, SUITE 40-A</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>FORT SMITH AR</b>		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 changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John W. MacKenzie* **John W. MacKenzie** 4/25/96

Date

501-484-8465

Daytime Phone #

CR2E034 (12/95)