


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  <b>98 MAY -1 AM 9: 12</b>	
<b>FILING FEE</b> <b>\$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
<b>1. Name and Mailing Address of Limited Liability Company</b>  <b>DOCUMENT #</b> L95000000046  <b>PANHANDLE PHARMACY SERVICES, L.C.</b> <b>4314 FIFTH AVE.</b> <b>MARIANNA FL 32446</b>		<b>1a. Principal Place of Business Address</b>  <b>4314 FIFTH AVE.</b> <b>MARIANNA FL 32446</b>			
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip                      Country		<b>2a. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip                      Country		<b>3. Date Organized or Qualified</b> 01/17/1995  <b>3a. State of Formation</b> FL  <b>4. FEI Number</b> 65-0597149 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  <b>5. Date of Last Report</b> 02/12/1997  <b>6. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b>  <b>PARAMORE, SCOTT</b> <b>4314 FIFTH AVE.</b> <b>MARIANNA FL 32446</b>			<b>8. Name and Address of New Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) 000002514330--E Suite, Apt. #, etc.      -05/08/98--01133--017 ****188.75      ****188.75 City                      FL                      Zip Code      MAA		
<b>9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.</b>  <b>SIGNATURE</b> _____ <b>DATE</b> _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>		<b>City, State and Zip Code</b>	
MGRM	PARAMORE'S PHARMACY, I	4314 FIFTH AVE.		MARIANNA FL	
MGRM	CHIPLEY DRUGS, INC.	400 SOUTH BLVD., W		CHIPLEY FL	
MGRM	JOHNSON, AL R.PH.	219 N. WAUKESHA ST.		BONIFAY FL	
MGRM	BRISTOL PHARMACY, INC.	P.O. BOX 596 N/A		BRISTOL FL	
MGRM	THE WATTS CO. OF MARIA	4154-G LAFAYETTE ST.		MARIANNA FL	
MEM	COOK DISCOUNT DRUGS, I	5324 BROWN ST.		GRACEVILLE FL	

11. I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/30/98 880 442 3924