

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 25 AM 9:00

DOCUMENT # M05748 (2)

1. Corporation Name
PCA FAMILY PHARMACY, INC.

Principal Place of Business Mailing Address
6101 BLUE LAGOON DR., SUITE 300 5835 Blue LAGOON DR. S#200
MIAMI FL 33126 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2b		09/27/1984	05/19/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2449754	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		8. This corporation has liability for intangible tax under s. 192.002, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MENENDEZ, JOSE M., ESQ. 6101 BLUE LAGOON DR 5835 Blue Lagoon Drive S#200 SUITE 300 MIAMI FL 33126				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.012 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: DATE: 6-12-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER E. KILISSANLY,	1.2 NAME	Kardatzde, Stanley MD
STREET ADDRESS	6101 BLUE LAGOON DR 5835 Blue Lagoon Dr.	1.3 STREET ADDRESS	5835 Blue Lagoon Drive
CITY - ST - ZIP	MIAMI FL 33126	1.4 CITY - ST - ZIP	Miami, FL 33126
TITLE	P	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIAS HOURANI,	2.2 NAME	Johnson, Glen MD
STREET ADDRESS	6101 BLUE LAGOON DR 5835 Blue Lagoon Dr.	2.3 STREET ADDRESS	5835 Blue Lagoon Drive
CITY - ST - ZIP	MIAMI FL 33126	2.4 CITY - ST - ZIP	Miami, FL 33126
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNELLY, CLIFFORD, W	3.2 NAME	
STREET ADDRESS	6101 BLUE LAGOON DR 5835 Blue Lagoon Dr.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33126	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENENDEZ, JOSE	4.2 NAME	
STREET ADDRESS	6101 BLUE LAGOON DR 5835 Blue Lagoon Dr.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33126	4.4 CITY - ST - ZIP	
TITLE	VP- ASSISTANT TREASURER	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, GREG, O Perez, Eduardo J.	5.2 NAME	
STREET ADDRESS	6101 BLUE LAGOON DR 5835 Blue Lagoon Dr.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33126	5.4 CITY - ST - ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGEMAN, JOHN, A	6.2 NAME	
STREET ADDRESS	6101 BLUE LAGOON DR 5835 Blue Lagoon Dr.	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33126	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: DATE: 6-12-95 (705) 245-2855

CR2E034 (3/95)