FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M18676** **(0)**

1. Corporation Name
PHARMA-CARE SERVICES, INC.

Principal Place of Business
1900 UNIVERSITY DR
SUITE #108
PEMBROKE PINES FL 33024
US

Mailing Address
% RICHARD D. GODIN
P.O. BOX 6681
HOLLYWOOD FL 33081

3. Date Incorporated or Qualified: **07/30/1985**
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27
City & State: 23
City & State: 28
Zip: 24 Country: 25
Zip: 29 Country: 30

4. FEI Number: **59-2556599** 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

9. **Name and Address of Current Registered Agent**
GODIN, RICHARD D.
2021 NW 182ND TERRACE
PEMBROKE PINES FL 33029

10. **Name and Address of New Registered Agent**
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 607.150(8), 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: Richard D. Godin (President) — 6/15/96
Signature, typed or printed name of registered agent or an officer of registered agent — Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GODIN, RICHARD D.
STREET ADDRESS	2021 NW 182ND TERR
CITY-ST-ZIP	PEMBROKE PINES FL
☐ DELETE	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	

TITLE	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
☐ DELETE	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 changed, or on an attachment with an address.

SIGNATURE: Richard D. Godin (President) — 6/15/96 — 954-438-9762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)