FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **M69164** **(5)**

1. Corporation Name

HEALTHCARE PHARMACY SERVICES OF FLORIDA, INC.

600001484826
-05/12/95--01004--001
***6200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~1970 LANDINGS BLVD.~~ ~~SUITE 301~~ ~~SARASOTA FL 34231-0381~~ US	~~1970 LANDINGS BLVD.~~ ~~SUITE 301~~ ~~SARASOTA FL 34231-0381~~ US

3. Date Incorporated or Qualified: 02/22/1988
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business	2a. Mailing Address
21 10065 Red Run Blvd.	26 10065 Red Run Blvd.
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23 Owings Mills, MD	City & State: 28 Owings Mills, MD
Zip: 24 21117 Country: 25	Zip: 29 21117 Country: 30

4. FEI Number: 65-0040485 ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City **FL** 35 Zip Code

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 _____ (Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	~~NATTER, MARTIN~~	12 NAME	Cirka, Lawrence P.
STREET ADDRESS	~~1970 LANDINGS BLVD., SUITE 301~~	13 STREET ADDRESS	10065 Red Run Blvd.
CITY ST ZIP	~~SARASOTA FL~~	14 CITY ST ZIP	Owings Mills, MD 21117
TITLE	VD	71 TITLE	☒ Change ☐ Addition
NAME	~~GOODIS, ELLEN~~	72 NAME	Elkins, Marshall A.
STREET ADDRESS	~~1970 LANDINGS BLVD., SUITE 301~~	73 STREET ADDRESS	10065 Red Run Blvd.
CITY ST ZIP	~~SARASOTA FL~~	74 CITY ST ZIP	Owings Mills, MD 21117
TITLE	~~VD~~	31 TITLE	SD ☒ Change ☐ Addition
NAME	~~ROBERTSON, SCOTT~~	32 NAME	Levin, Marc B.
STREET ADDRESS	~~1970 LANDINGS BLVD., SUITE~~	33 STREET ADDRESS	10065 Red Run Blvd.
CITY ST ZIP	~~SARASOTA FL~~	34 CITY ST ZIP	Owings Mills, MD 21117
TITLE	~~VDT~~	41 TITLE	☒ Change ☐ Addition
NAME	~~GRAFT, DAVID I.~~	42 NAME	Cahill, Dennis A.
STREET ADDRESS	~~1970 LANDINGS BLVD., SUITE 301~~	43 STREET ADDRESS	10065 Red Run Blvd.
CITY ST ZIP	~~SARASOTA FL~~	44 CITY ST ZIP	Owings Mills, MD 21117
TITLE	~~S~~	51 TITLE	☒ Change ☐ Addition
NAME	~~ROTENECK, SANDRA~~	52 NAME	Pickett, Taylor
STREET ADDRESS	~~1970 LANDINGS BLVD., SUITE 301~~	53 STREET ADDRESS	10065 Red Run Blvd.
CITY ST ZIP	~~SARASOTA FL~~	54 CITY ST ZIP	Owings Mills, MD 21117
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

5/1/95 pl

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)(i), 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: _____ Taylor Pickett 2/9/95 (410)998-8745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030048 CP