FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

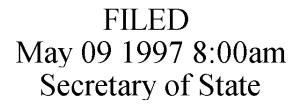
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M69164

(5)

HEALTHCARE PHARMACY SERVICES OF FLORIDA, INC.





		···					
Principal Place of Business Mailing Address			s		a tealean ore dates (alsa tales digit o	191 91911 51811 9751(91511 9	1014 61641 4001
10065 RED RUN BLVD. OWINGS MILLS MD 21117		10085 RED RUN BLVD. OWINGS MILLS MD 21117-4827					
US		US			3. Date Incorporated or Qualified 02/22/1988	3a. Date of Las	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	and the second and the second and the second	Applied For
21		26		65-0040485	r0040485 Not Applicable		
Suite, Apt. #, etc.		Suite. Apt. #, etc.	Suite. Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional		
22		27			2. Continuate of Oldings Dobling	·	Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	28	Čount		Trust Fund Contribution		
24	25	29	30	y	8. This corporation has liability for Elorida Statutes	r invangible tax unde Ves □ No	rs. 199.032,
241	9. Name and Address of Curren	- and	1301		10. Name and Address of New F		
CT	CORPORATION SYSTEM		8	1 Name			
	CT CORPORATION SYSTEM		8:	2 Ctroot Add	roos (D.C. Boy Number is Not Assest	ablal	
	O SOUTH PINE ISLAND ROAD		0.	Street Address (P.O. Box Number is Not Acceptable)			
	NTATION FL 33324		8	3			
			8	4 000		lock 2	ia Cada
				1			ip Code
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable ()	NOTE Registered A		poration submits this statement for the dion's board of directors. I hereby acc and when reinstating)	DATE	
12.	OFFICERS AND		13.	т	ADDITIONS/CHANGES TO OFF		,
TITLE	PD CIRKA, LAWRENCE P	DECETÉ	1.1 1111.6			[_] Chang	e
NAME	10065 RED RUN BLVD.		1,2 NAMI				
STREET ADDRESS	OWING MILLS MD 21117			E1 ADDRESS			
CITY-ST-ZIP TITLE	VD VIII WILLO WID 21117	DELETE	1.4 CITY 2.1 Title			Chang	e Addition
NAME	ELKINS, MARSHALL A		2.2 NAMI			C Shank	,
STREET ADDRESS	10065 RED RUN BLVD.,			ET ADDRESS			
CITY-\$1-ZIP	OWINGS MILLS MD 21117		2. 4 City				
TITLE	SD	DELETE	3.1 7011			☐ Chang	e Addition
NAME	LEVIN, MARC B		3.2 NAM	t I	·		
STREET ADDRESS	10065 RED RUN BLVD.		3.3 STRE	ET AUDRESS			
CITY-ST-ZIP	OWINGS MILLS MD 21117	1	3.4. CITY	- ST - ZIP			
TITLE	V	DELFTE	4.1 TITLE			☐ Chanç	ge 🔲 Addition
NAME	CAHILL, DENNIS A		4. 2 NAM	IE			
STREET ADDRESS	10065 RED RUN BLVD.		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	OWINGS MILLS MD 21117		4.4 CITY	- \$1 - ZIP			
TITLE	V	DELETE	5 1 TITLE			Chang	ge 🔲 Addition
NAME	FULCHINO, MARK		5.2 NAM	F			
STREET ADDRESS	10065 RED RUN BLVD.		5.3 STRE	ET ADDRESS		•	
CITY-ST-ZIP	OWINGS MILLS MD 21117		5,4 CITY	-SI-ZIP			
TITLE		☐ DELETE	6.1 TITLE	1	Rannott Bradles	Chang	ge Addition
NAMÉ	•		6.2 NAM	· //m	Bennett Bradley WEGRATED HEALTH SERVICES, INC.		
STREET ADDRESS			6.3 STRE	LT ADDRESS	10065 RED KUN BLAN.		
CITY-ST-ZIP			6.4 CITY		OWINGS MILLS, MD 21117		··· · ··········
14. I do herel	by certify that the information supplied	d with this filing does not a	ualify for the ex	remntion state	d in Section 119.07(3)(i). Florida Statu	tes. I further certify th	nat the

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 13 if changed, or on an attackment with an address.