

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M69164 (5)
1. Corporation Name
HEALTHCARE PHARMACY SERVICES OF FLORIDA, INC.



Principal Place of Business
10065 RED RUN BLVD.
OWINGS MILLS MD 21117
US

Mailing Address
10065 RED RUN BLVD.
OWINGS MILLS MD 21117
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/22/1988	
4. FEI Number 65-0040485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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

Signature, typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CIRKA, LAWRENCE P	1.2 NAME	ROBERT N ELKINS
STREET ADDRESS	10065 RED RUN BLVD.	1.3 STREET ADDRESS	Integrated Health Services, Inc.
CITY-ST-ZIP	OWING MILLS MD 21117	1.4 CITY-ST-ZIP	10065 Red Run Blvd.
TITLE	VD	2.1 TITLE	OWINGS MILLS, MD 21117
NAME	ELKINS, MARSHALL A	2.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD.,	2.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD 21117	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	LEVIN, MARC B	3.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD 21117	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	FULCHINO, MARK	4.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD 21117	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	BRADLEY, BENNETT	5.2 NAME	
STREET ADDRESS	10065 RED RUN BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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 Mark E. Elkins 4/18/98 (und) 608-8532

CR2E034 (10/97)