May 03, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M69164 1. Corporation Name

HEALTHCARE PHARMACY SERVICES OF FLORIDA, INC.

Principal Place	of Business	Mailing Address							
10065 RED RUN	I BLVD.	10065 RED RUN BLVD.							
OWINGS MILLS	MD 21117	OWINGS MILLS MD 21117				DO NOT WRITE	IN THIS SDAC	E	
US		US				Date Incorporated or Qualified	IN THIS SPAC		
						02/22/1988			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		App	plied For
21		26				65-00404 <u>85</u>		Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	1 1 7		Additional
22		27				S. Schmodo S. Charles Decirco	<u>-</u>		quired
City & State	9	City & State				6. Election Campaign Financing	1 1		May Be
23		28	·			Trust Fund Contribution	A		o Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes the currer			□No
24	25		30			Personal Property Tax.	Ye	s	LINO .
	9. Name and Address of Current	Registered Agent		81 N	lame	10. Name and Address of New Re	gistered Agent		
CTC	CORPORATION SYSTEM		ĺ'	° ' '	aine				
	CT CORPORATION SYSTEM		Ī	82 S	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
-,-	SOUTH PINE ISLAND ROAD		-						
	ITATION FL 33324		l'	83					ļ
FLAIN	11A11011 1 E 30324		ļ.	84 0	City		— 85	Zip C	Code
				L_		Alan and a shall a sha	FL	na ito	rogistored
11. Pursuant t	to the provisions of Sections 607.0502	≧ and 607.1508, Florida Statute of Florida. Such change was at	es, the ab uthorized	ove-na by the	amed corpo corporation	ration submits this statement for the property board of directors. I hereby accept	urpose of charry the appointment	as reg	gistered
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statul	tes.		• •			
SIGNATURE							DATE		
	Signature, typed or printed name of registered agen			Agent sig	nature required	when reinstating)	DATE	ECTO	RS IN 12
12.	OFFICERS AN	D DIRECTORS	13.			when reinstating) ADDITIONS/CHANGES TO OFFI			
12. TITLE	OFFICERS AND		13.	E	P	ADDITIONS/CHANGES TO OFFI	CERS AND DIR		RS IN 12
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELKINS, ROBERT N. 10065 RED RUN BLVD. OWING MILLS MD 21117	D DIRECTORS ADELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT	E ME REET ADI Y-ST-ZII	P Ten DRESS 1000	ADDITIONS/CHANGES TO OFFI	CERS AND DIR	nange	Addition
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP