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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

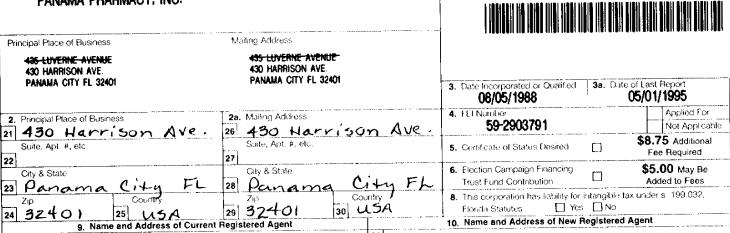
1996

DOCUMENT #

M93112

(4)

1. Corporation Name
PANAMA PHARMACY, INC.



PARMER, DONALD R. 430 HARRISON AVENUE PANAMA CITY FL 32401

	ntry L 5 /	A Florida Statutes Yes No					
_	'''	10. Name and Address of New Registered Agent					
	81	Name					
	82	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 607.1508, 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

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFE	NGES TO OFFICERS AND DIRECTO	
ITLE PC)	DELETE	1.1 TOUE		☐ Change	Addition
AME P	armer, Donald R.		1.2 NAME			
TREET ADDRESS P.	O. BOX 47		1.3 STHEET ADORESS			
HTY-ST-ZIP PA	ANAMA CITY FL		1.4 C/TY+\$1+2iP			T tatilia
ITLE C	D	□ DELETE	2 1 TIME		☐ Change	Additio
AME CI	LAYTON, RICHARD C.		2.2 NAME			
STREET ADDRESS 16	812 N PACE BLVD		2.3 SPREET ADDRESS			
DHY-ST-ZIP PE	ENSACOLA FL	.,,	24 CITY - ST ZIF			Additio
TITLE A	SD	☐ DEFE LE	3 1 T-TEF		Cnange	Additio
	Layton, Gerry		3 2 NAME			
	.O. BOX 302		3.3 STHEE! ADDRESS			
CITY-ST-ZIP P	anama city fl		3.4 CHY+SI-ZIF		FTI Crosses	Additio
TITLE T		DEFEIE	4 1 TILLE		Change	L. Madillo
	ones, lu anne		4.2 NAME			
Direct Contract of the Contrac	37 W BALDWIN RD		4.3 STREET ADDRESS			
CHY-ST-ZIP P	ANAMA CITY BCH FL		4 4 CHY+ST-ZIP		Change	Additio
TITLE S		☐ DELETE	5 1 TITLE		Change	LJ Additio
	NDERSEN, JOHN M.		5.2 NAME			
	22 SERENADE LANE		5 3 STREET ADDRESS			
CITY-ST-ZIP P	ANAMA CITY FL		5.4 CHY+S1+ZIP	<u></u>	Change	Additi:
TITLE		DETELE	6 1 TITLE		C change	
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY - ST - ZIP			6.4 CI "Y - S" - 7IP		O7/2//IV Elocida Statu	1 d dia

14. Ido 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 armual 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 phanged, or on an apachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

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