

2nd and
FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUL 27 AM 9:04

FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1 Name and Mailing Address of Limited Liability Company
DOCUMENT # M97000000388

THE HARVARD DRUG GROUP, L.L.C.
31778 ENTERPRISE DRIVE
LIVONIA MI 48150

1a. Principal Place of Business Address

31778 ENTERPRISE DRIVE
LIVONIA MI 48150

2 Principal Place of Business

Same as #1

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Same as #1

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Organized or Qualified

06/30/1997

3a. State of Formation

MI

4. FEI Number

38-3359612

☐ Applied For

☐ Not Applicable

5. Date of Last Report

N.A.

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

11614

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE

DATE

(Signature of Agent/Office) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	GREAT LAKES WHOLESAL	31778 ENTERPRISE DRIVE	LIVONIA MI

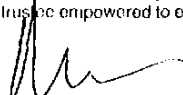
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****588.75 ****588.75

11 I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:



Randolph Friedman

7/21/98

313-585-8700

SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #