FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 MAR 15 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18740 (3)

1. Corporation Name
PASCO-HERNANDO PHARMACY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5894 SPRING HILL FL 34606	P.O. BOX 5894 SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1987
3a. Date of Last Report: 10/24/1994
4. FEI Number: 59-2758857 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BERGEMANN, DONALD A
214 HOLLOW OAK CT.
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name
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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	MAYSILLES, DANIEL	1.2 NAME	GREER, BRENT	
STREET ADDRESS	6134 OAKRIDGE AVE.	1.3 STREET ADDRESS	2166 RIO CIRCLE	
CITY-ST-ZIP	NEW PT RICHEY FL	1.4 CITY-ST-ZIP	SPRING HILL, FL	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	GREER, BRENT	2.2 NAME	HAINES, RON	
STREET ADDRESS	2166 RIO CIRCLE	2.3 STREET ADDRESS	5800 CR 54	
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL	
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	BENNER, JIM	3.2 NAME		
STREET ADDRESS	4604 ROWE DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PT RICHEY FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ASTLE, BETTY	4.2 NAME		
STREET ADDRESS	747 TIMUGUANA LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	HAINES, RON	5.2 NAME	HUNGIVILLE, LAURA	
STREET ADDRESS	5800 CR 54	5.3 STREET ADDRESS	10 CLEARVIEW DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	SAFETY HARBOR, FL	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	NORFLEET, KEN	6.2 NAME		
STREET ADDRESS	10462 WEATHERLY RD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL	6.4 CITY-ST-ZIP		

14. I do 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Brent Greer 3/8/95 904-596-6632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008000