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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N18740 (3)

1. Corporation Name

PASCO-HERNANDO PHARMACY ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 5894
SPRING HILL FL 34606

Mailing Address

P.O. BOX 5894
SPRING HILL FL 34606



3. Date Incorporated or Qualified

01/14/1987

3a. Date of Last Report

03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME GREER, BRENT
STREET ADDRESS 2166 RIO CIRCLE
CITY-ST-ZIP SPRINGHILL FL

1.1 TITLE P,D
1.2 NAME Haines, Ronald
1.3 STREET ADDRESS 5800 C.R. 54
1.4 CITY-ST-ZIP New Port Richey, FL 34652

TITLE V
NAME HAINES, RON
STREET ADDRESS 5800 CR 54
CITY-ST-ZIP NEW PORT RICHEY FL

2.1 TITLE V,D
2.2 NAME Ken Norfleet
2.3 STREET ADDRESS 10462 Weatherly Road
2.4 CITY-ST-ZIP Brooksville, FL 34601

TITLE T
NAME BENNER, JIM
STREET ADDRESS 4604 ROWE DR.
CITY-ST-ZIP NEW PT RICHEY FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME ASTLE, BETTY
STREET ADDRESS 747 TIMUGUANA LANE
CITY-ST-ZIP PALM HARBOR FL

4.1 TITLE D
4.2 NAME Laura Hungiville
4.3 STREET ADDRESS 3010 Key Harbor Drive
4.4 CITY-ST-ZIP Safety Harbor, FL 34695

TITLE D
NAME HAINES, RON
STREET ADDRESS 5800 CR 54
CITY-ST-ZIP NEW PORT RICHEY FL

5.1 TITLE D
5.2 NAME David Jones
5.3 STREET ADDRESS 13358 Whitmarsh Street
5.4 CITY-ST-ZIP Spring Hill, FL 34609

TITLE D
NAME NORFLEET, KEN
STREET ADDRESS 10462 WEATHERLY RD.
CITY-ST-ZIP BROOKSVILLE FL

6.1 TITLE D
6.2 NAME Mark Travisano
6.3 STREET ADDRESS 14104 Bruni Drive
6.4 CITY-ST-ZIP Spring Hill, FL 34609

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD G. HAINES SR

3/26/96 813-848-0028

CR2E037 (12/95)