

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90172 042 ***150.00

DOCUMENT # **P07284**

1. Corporation Name

INSTA-CARE PHARMACY SERVICES CORPORATION



Principal Place of Business

Mailing Address

**3611 QUEEN PALM DRIVE
SUITE 40-A
TAMPA FL 33619
US**

**5111 ROGERS AVENUE
SUITE 40-A
FORT SMITH AR 72919-0155**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1985

4. FEI Number

59-1817412

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 175 Kelsey Lane

26 175 Kelsey Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tampa, FL

28 Tampa, FL

24 Zip 33619 Country US

29 Zip 33619 Country US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301**

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

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 **PCEO** ☐ DELETE
NAME **RENSCHLER, C. ARNOLD**
STREET ADDRESS **3611 QUEEN PALM DRIVE**
CITY-ST-ZIP **TAMPA FL 33630-3054**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **175 Kelsey Lane**
1.4 CITY-ST-ZIP **Tampa, FL 33619**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **David Redmond**
2.3 STREET ADDRESS **175 Kelsey Lane**
2.4 CITY-ST-ZIP **Tampa, FL 33619**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **VP/Controller**
3.3 STREET ADDRESS **Jerry Gerlach**
3.4 CITY-ST-ZIP **175 Kelsey Lane**
Tampa, FL 33619

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **David R. Banks**
4.4 CITY-ST-ZIP **5111 Rogers Avenue #40-A**
Fort Smith, AR 72919-0155

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Boyd Hendrickson**
5.4 CITY-ST-ZIP **5111 Rogers Avenue #40-A**
Fort Smith, AR 72919-0155

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **EVP/COO**
6.3 STREET ADDRESS **Bob Della Valle**
6.4 CITY-ST-ZIP **9901 E. Valley Ranch Pkwy.**
Irving, TX 75063

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.

SIGNATURE:

David R. Banks

1/15/99

813-626-7782

CR2E034 (11/98)