
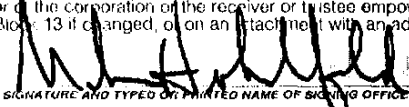


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P12703 (5) 1. Corporation Name TENNESSEE WHOLESALE DRUG COMPANY, INC.			
Principal Place of Business 200 CUMBERLAND BEND 200 CUMBERLAND BEND NASHVILLE TN 37228-1804		Mailing Address 200 CUMBERLAND BEND 200 CUMBERLAND BEND NASHVILLE TN 37228-1804	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 12/29/1986		3a. Date of Last Report 04/19/1996	
4. FEI Number 62-0382340		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	CD <input type="checkbox"/> DELETE	11. TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDS, JAMES E.	12. NAME	CASEY, JOE D.
STREET ADDRESS	200 CUMBERLAND BEND	13. STREET ADDRESS	200 CUMBERLAND BEND
CITY- ST- ZIP	NASHVILLE TN	14. CITY- ST- ZIP	NASHVILLE, TN 37228
TITLE	SD <input type="checkbox"/> DELETE	21. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATE, GEORGE	22. NAME	SHAYNE, HERBERT
STREET ADDRESS	200 CUMBERLAND BEND	23. STREET ADDRESS	200 CUMBERLAND BEND
CITY- ST- ZIP	NASHVILLE TN	24. CITY- ST- ZIP	NASHVILLE, TN 37228
TITLE	PD <input type="checkbox"/> DELETE	31. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOHLFELD, PAULINE	32. NAME	JOHNSON, JAMES L.
STREET ADDRESS	200 CUMBERLAND BEND	33. STREET ADDRESS	200 CUMBERLAND BEND
CITY- ST- ZIP	NASHVILLE TN	34. CITY- ST- ZIP	NASHVILLE, TN 37228
TITLE	V <input type="checkbox"/> DELETE	41. TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOHLFELD, MIKE	42. NAME	HOHLFELD, MIKE
STREET ADDRESS	200 CUMBERLAND BEND	43. STREET ADDRESS	200 CUMBERLAND BEND
CITY- ST- ZIP	NASHVILLE TN	44. CITY- ST- ZIP	NASHVILLE, TN 37228
TITLE	<input type="checkbox"/> DELETE	51. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52. NAME	WILSON, DAVID K.
STREET ADDRESS		53. STREET ADDRESS	200 CUMBERLAND BEND
CITY- ST- ZIP		54. CITY- ST- ZIP	NASHVILLE, TN 37228
TITLE	<input type="checkbox"/> DELETE	61. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62. NAME	HAUGEN, BARBARA
STREET ADDRESS		63. STREET ADDRESS	200 CUMBERLAND BEND
CITY- ST- ZIP		64. CITY- ST- ZIP	NASHVILLE, TN 37228
14. 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 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.			
SIGNATURE: 		MIKE HOHLFELD	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



CR2E034 (9/96)

4-15-97

615-244-8110

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