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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(3)

FILED May 20 1998 8:00am Secretary of State

VITALIN	IK PHARMACY SERVICES, I	NC.			
Principal Place of Business 10750 COLUMBIATPIKE SILVER SPINNG MD 20901		Mailing Address 10750 COLLIMBIA PIKE SILVER SPRING MD 20901		DO NOT WRITE IN THIS	SPACE
21 1350	iace of Business E. Diehl ROAd		restownR	3. Date Incorporated or Qualified 09/27/1989 4. FEI Number 37-0903482	Applied For Not Applicable
	nite 308	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	peville Illinois	City & State 28 Co Hers Zip	org, Md	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 (00)	503 25 9. Name and Address of Curren	29 208 8 30	¬ ····,	Personal Property Tax due June 30. 10. Name and Address of New Registered	☐ Yes ☐ No
THE PRENTICE-HALL CORPORATION SYSTEM INC. 81 N				idress (P. 51 de 1 M. Hedrije vol Aecestisie) — 10 -05/22/980101102 ***150.00	<u>)</u> 4
	10-2-10-2-10-2-10-2-10-2-10-2-10-2-10-2	2. 102.400.50.14.600	84 City	FL	
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 arguature required when reinstailing) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	CCEO	DELETE	1.1 TOTLE	enior UP, secretary + cherch	Change Addition

BAINUM, STEWART, JR. 1.2 NAME Horrer, III, Robert, 10750 COLUMBIA PIKE OHE ROVINION DRIVE, SIME 1840 1.3 STREET ADDRESS STREET ADDRESS SILVER SPRING MD 20901 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE NB ONG COSECSORY (TOMASSO, DONALD C. 2.2 NAME to soprox 10750 COLUMBIA PIKE 2.3 STREET ADDRESS STREET ADDRESS しんさい モーノ SILVER SPRING MD 20901 \mathcal{E} ativo 2. 4 CITY-ST-ZIP Dobet CITY-ST-ZIP PCOO DELETE 3.1 TITLE DENARDO, DONNA L. NAME 3.2 NAME Devorgo, Dollia 1250 E, DIEW ROAD. SUK 308 10750 COLUMBIA PIKE 3.3 STREET ADDRESS STREET ADDRESS **SILVER SPRING MD 20901** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition Secret Pru TITLE 4.1 TITLE REMPE, JAMES H. 4.2 NAME sheriett, 10750 COLUMBIA PIKE 4.3 STREET ADDRESS STREET ADDRESS SILVER SPRING MD 20901 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE TITLE macombles MACOMBER, SCOTT T. 5.2 NAME NAME 10750 COLUMBIA PIKE STREET ADDRESS **5.3 STREET ADDRESS** SILVER SPRING MD 20901 sopervite, CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE serior UP-Hum TITLE TOMASSO, DONALD C. no<u>egriro</u>n NAME 6.2 NAME 10750 COLUMBIA PIKE STREET ADDRESS **6.3 STREET ADDRESS** るわりをい SILVER SPRING MD 20901 JODSENI 6.4 CITY-ST-ZIP

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 suppliemental 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.

LHPFP

CITY-ST-ZIP

4/20/00