SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000043532 (9)**

1. Corporation Name
MEDICAP PHARMACY EXPRESS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~5550 GLADES ROAD~~ ~~SUITE 414~~ BOCA RATON FL 33431 US	~~5550 GLADES ROAD~~ ~~SUITE 414~~ BOCA RATON FL 33431 US

3. Date Incorporated or Qualified: 06/14/1993	3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0419812	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2300 Corporate Blvd NW	26 2300 Corporate Blvd
22 Suite, Apt. #, etc. Suite 236	27 Suite, Apt. #, etc. Suite 236
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

GERSON, GARY N
1645 PALM BEACH LAKES BLVD
STE 1200
W PALM BEACH FL 33401

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. (Both Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DO	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	SIEGEL, MARK		12 NAME		
STREET ADDRESS	20648 LINKSVIEW CIR		13 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		14 CITY-ST-ZIP		
TITLE	DO	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	SPIELFOGEL, GARY		22 NAME		
STREET ADDRESS	3070 HAMPTON PL.		23 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		24 CITY-ST-ZIP		
TITLE	D	☒ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MOHR, MEL		32 NAME		
STREET ADDRESS	7716 CEDARWOOD CIRCLE		33 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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: Mark Siegel 7/31/96 561 988 0301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Mark Siegel President — Date — Daytime Phone #