FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 APR 11 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000050407 (3)**

1. Corporation Name
NATIONAL PHARMACY PROVIDERS, INC.

Principal Place of Business	Mailing Address
285 W. CENTRAL PARKWAY SUITE 1719 ALTAMONTE SPRINGS FL 32714	285 W. CENTRAL PARKWAY SUITE 1719 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3257331 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WOODARD, WILLIAM M
285 W. CENTRAL PARKWAY
SUITE 1719
ALTAMONTE SPRINGS FL 32714

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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODARD, WILLIAM M 2943 LAKE PINELOCH BLVD. ORLANDO FL 32806	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Executive VP-Sales	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman and CEO/Director Bindley, William E. 10333 N. Meridian St., Ste. 300 Indianapolis, IN 46290	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Exec. VP, Gen'l Counsel, Sec'y/Dir. McCormick, Michael D. 10333 N. Meridian St., Ste 300 Indianapolis, IN 46290	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Exec. VP, CFO/Director Salentine, Thomas J. 10333 N. Meridian St., Ste 300 Indianapolis, IN 46290	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President and COO McIntyre, Melissa 285 W. Central Pkwy., Ste. 1719 Altamonte Springs, FL 32714	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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)(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: William Woodard March 28, 1995 (317) 298-9890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

000183 CP