


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

FILED
May 05 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 # P94000050407 (3)
 1. Corporation Name
NATIONAL PHARMACY PROVIDERS, INC.
DBA PRIORITY PHARMACY SERVICES



Principal Place of Business 285 W. CENTRAL PARKWAY SUITE 1719 ALTAMONTE SPRINGS FL 32714	Mailing Address 285 W. CENTRAL PARKWAY SUITE 1719 ALTAMONTE SPRINGS FL 32714-2554
--	---

3. Date Incorporated or Qualified 07/01/1994	3a. Date of Last Report 02/07/1996
4. FEI Number 59-3257331	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODARD, WILLIAM M	1.2 NAME	
STREET ADDRESS	2943 LAKE PINELOCH BLVD.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	1.4 CITY-STATE-ZIP	
TITLE	CCEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINDLEY, WILLIAM E.	2.2 NAME	
STREET ADDRESS	10333 N MERIDIAN ST, SUITE 300	2.3 STREET ADDRESS	
CITY-STATE-ZIP	INDIANAPOLIS IN	2.4 CITY-STATE-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, MICHAEL D	3.2 NAME	
STREET ADDRESS	10333 N MERIDIAN ST SUITE 300	3.3 STREET ADDRESS	
CITY-STATE-ZIP	INDIANAPOLIS IN	3.4 CITY-STATE-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALENTINE, THOMAS J	4.2 NAME	
STREET ADDRESS	10333 N MERIDIAN ST SUITE 300	4.3 STREET ADDRESS	
CITY-STATE-ZIP	INDIANAPOLIS IN	4.4 CITY-STATE-ZIP	
TITLE	PCOO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, MELISSA	5.2 NAME	
STREET ADDRESS	285 W CENTRAL PARKWAY SUITE 1719	5.3 STREET ADDRESS	
CITY-STATE-ZIP	ALTAMONTE SPRINGS FL	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

*RMW
5/5/97*

500002170495
-05/08/97--01003--039
*****165.00**

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, changed, or on an attachment with an address.

SIGNATURE: *Michael D. Mc Cormick* **Michael D. Mc Cormick** **4/14/97** **317 298-9890**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)