

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

FILED

**Feb 02 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000050407 (3)
 1. Corporation Name
NATIONAL PHARMACY PROVIDERS, INC.



Principal Place of Business 285 W. CENTRAL PARKWAY SUITE 1719 ALTAMONTE SPRINGS FL 32714-2554	Mailing Address 285 W. CENTRAL PARKWAY SUITE 1719 ALTAMONTE SPRINGS FL 32714-2554
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/01/1994	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 **Melissa McIntyre**
 82 Street Address (P.O. Box Number is Not Acceptable)
285 W. Central Parkway
 83 **Suite 1719**
 84 City **Altamonte Springs** FL 85 Zip Code **32714**

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 *Melissa McIntyre* DATE **1/26/98**

Signature typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE EVP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VP, CFO, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WOODARD, WILLIAM M		1.2 NAME Donald J. Perfetto	
STREET ADDRESS 2943 LAKE PINELOCH BLVD.		1.3 STREET ADDRESS 285 W. Central Parkway, Ste. 1719	
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CCEO	<input type="checkbox"/> DELETE	2.1 TITLE Chairman, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BINDLEY, WILLIAM E.		2.2 NAME William E. Bindley	
STREET ADDRESS 10333 N MERIDIAN ST, SUITE 300		2.3 STREET ADDRESS 10333 N. Meridian Street, Ste. 300	
CITY-ST-ZIP INDIANAPOLIS IN		2.4 CITY-ST-ZIP Indianapolis, IN 46290	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE EVPD	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME MCCORMICK, MICHAEL D		3.2 NAME	
STREET ADDRESS 10333 N MERIDIAN ST SUITE 300		3.3 STREET ADDRESS	
CITY-ST-ZIP INDIANAPOLIS IN		3.4 CITY-ST-ZIP	
TITLE EVPD	<input type="checkbox"/> DELETE	4.1 TITLE CEO, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SALENTINE, THOMAS J		4.2 NAME Robert L. Myers	
STREET ADDRESS 10333 N MERIDIAN ST SUITE 300		4.3 STREET ADDRESS 10333 N. Meridian Street, Ste. 300	
CITY-ST-ZIP INDIANAPOLIS IN		4.4 CITY-ST-ZIP Indianapolis, IN 46290	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PCOO	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME MCINTYRE, MELISSA		5.2 NAME	
STREET ADDRESS 285 W CENTRAL PARKWAY SUITE 1719		5.3 STREET ADDRESS	
CITY-ST-ZIP ALTAMONTE SPRINGS FL		5.4 CITY-ST-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-ST-ZIP		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 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 *Melissa McIntyre* DATE **1/26/98**

CR2E034 (10/97)

**NATIONAL PHARMACY PROVIDERS, INC.
OFFICERS AND DIRECTORS**

William E. Bindley (317) 298-9890	Chairman, Director	1330 Regal Drive Carmel, IN 46032	308-38-2149	10-06-40	IN 8944-58-3839
Michael D. McCormick (317) 298-9890	Secretary, Director	11905 E. 500 S. Zionsville, IN 46077	317-48-9013	03-18-48	IN 8914-22-7679
Thomas J. Salentine (317) 298-9890	Director	13540 Brentwood Lane Carmel, IN 46033	397-36-7231	08-08-39	IN 8906-10-9611
Melissa McIntyre (407) 774-1448	President and Chief Operating Officer	3812 Old Lockwood Oviedo, FL 32765	263-67-8741	10-11-60	FL M 25354560871-0
Robert L. Myers (407) 774-1448	CEO, Director	34 N. Pine Circle Belleair, FL 34616	308-46-2766	05-13-45	FL M 62077245173-0
Donald J. Perfetto (407) 869-7001	VP, CFO, Treasurer	13001 Bell Creek Chase Riverview, FL 33569	316-50-5139	06-06-46	FL P 61319046206-0