FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000081742 (6)**

1. Corporation Name
FT. LAUDERDALE PHARMACY, INC.

Principal Place of Business
1400 OAKLAND PARK BOULEVARD
SUITE 108
FT. LAUDERDALE FL 33334

Mailing Address
1400 OAKLAND PARK BOULEVARD
SUITE 108
FT. LAUDERDALE FL 33334

3. Date Incorporated or Qualified: **11/07/1994**
3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25 BROWARD

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 30 BROWARD

4. FEI Number: **43-1654942** — 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

9. Name and Address of Current Registered Agent
JOHN M. GUTOWSKI
1400 OAKLAND PARK BOULEVARD
SUITE 102
OAKLAND PARK FL 33334

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
Signature (typed or printed) of Registered Agent and the Application — Title: Registered Agent's signature required if name is changed — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SHORT, PHILLIP D	
STREET ADDRESS	2151 SW HUNT CIRCLE	
CITY-ST-ZIP	LEE'S SUMMIT MO	
TITLE	VS	☐ DELETE
NAME	ANDERSON, PERRY	
STREET ADDRESS	15708 W. 138TH TERRACE	
CITY-ST-ZIP	OLATHE KS	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		64081
2.1 TITLE		☐ Change ☒ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		66062
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	800001878828	☐ Change ☐ Addition
5.2 NAME	-06/28/96--01018--013	
5.3 STREET ADDRESS	***225.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Ph. Il. Short — 6/21/96 — 816-942-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)