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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000062630 (5)
1. Corporation Name
PHARMACEUTICAL CARE PROVIDERS OF FLORIDA, INC.



Principal Place of Business
119 N. BANANA RIVER DR.
MERRITT ISLAND FL 32952

Mailing Address
119 N. BANANA RIVER DR.
MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified

08/14/1995

4. FEI Number

59-3331005

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOBBS, S. MARK
119 N. BANANA RIVER DR.
MERRITT ISLAND FL 32952

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 of Florida Statutes.

SIGNATURE *[Signature]*

(NOTE: Registered Agent's signature required when reinstating)

4.23.98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME HOBBS, S. MARK
STREET ADDRESS 119 N. BANANA RIVER DR.
CITY-ST-ZIP MERRITT ISLAND FL 32952

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ST
NAME SPOPCY, BOB
STREET ADDRESS 7227 N. HIGHWAY 1
CITY-ST-ZIP COCOA FL 32927

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP
NAME RAY, DAVID
STREET ADDRESS 1810 FISKE BLVD
CITY-ST-ZIP ROCKLEDGE FL 32955

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP
NAME SEGO, GENE
STREET ADDRESS 1317 GARDEN ST.
CITY-ST-ZIP TITUSVILLE FL 32780

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VP
NAME CHARLIE BUCALO
STREET ADDRESS 6050 BABCOCK ST S.E.
CITY-ST-ZIP PALM BAY, FL 32909

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VP
NAME DON HARRISON
STREET ADDRESS 1108 LAKE DR
CITY-ST-ZIP COCOA, FL 32922

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 *[Signature]*

4.23.98 4/23/98

CR2E034 (10/97)