

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

FILED

Feb 06 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 # P95000064117 (1)

1. Corporation Name

AMERICAN FAMILY PHARMACY, INC.



Principal Place of Business

C/O DUKER & BARRETT
ONE E BROWARD BLVD #620
FORT LAUDERDALE FL 33301
US

Mailing Address

% MILLER SCHWARTZ & MILLER
4040 AMERIDAN STREET
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified
08/18/1995

3a. Date of Last Report
07/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 6422 N.W. 5TH WAY

23 City & State
FORT LAUDERDALE, FLORIDA

24 Zip 33309 25 Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.
27 6422 N.W. 5TH WAY

28 City & State
FORT LAUDERDALE, FLORIDA

29 Zip 33309 30 Country USA

4. FEI Number
65-0647273

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

ROSETHAL, ALEX
C/O DUKER & BARRETT, BARNETT BANK PLAZA
ONE EAST BROWARD BLVD #620
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
ROBERT CHASKES
82 Street Address (P.O. Box Number is Not Acceptable)
C/O DUKER BARRETT GRAVINE & MARKEL LLP
83 One East Broward Blvd., Suite 620
84 City FORT LAUDERDALE 85 Zip Code FL 33301

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 name of registered agent and title if applicable

Robert I. Chaskes

January 31, 1997

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	FISCHER, STEVEN N	
STREET ADDRESS	23 HILL ROAD	
CITY-ST-ZIP	LOUDONVILLE NY	
TITLE	T	DELETE
NAME	STERN, CHARLES	
STREET ADDRESS	41 OAKWOOD STREET	
CITY-ST-ZIP	ALBANY NY	
TITLE	S	DELETE
NAME	FAAS, MELISS	
STREET ADDRESS	42 ROBIN LN	
CITY-ST-ZIP	RENSSELAER NY 12144	
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	P	Change	Addition
1.2 NAME	DUKER, WILLIAM F.		
1.3 STREET ADDRESS	1 EAST HOWARD BOULEVARD, SUITE 620		
1.4 CITY-ST-ZIP	FORT LAUDERDALE, FLORIDA 33301		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
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		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 if changed, on an attachment with an address.

SIGNATURE:

William F. Duker, President 1/28/97 (954) 356-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0517142

CR2E034 (9/96)