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 # P95000065398

1. Corporation Name

ADVANCED PHARMACY CARE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
Chapel Trail Commerce Center 911 N.W. 209th Ave. Suite 111 Pembroke Pines, FL 33029	18266 S.W. 29th Street Miramar, FL 33029

2. Principal Place of Business: 21 N/A; 22 Suite, Apt. #, etc.; 23 City & State; 24 Zip; 25 Country

2a. Mailing Address: 26 N/A; 27 Suite, Apt. #, etc.; 28 City & State; 29 Zip; 30 Country

3. Date Incorporated or Qualified: August 23, 1995

3a. Date of Last Report: N/A

4. FEI Number: 65-0624039 ☐ 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

Gonzalo Clavijo
18266 S.W. 29th Street
Miramar, FL 33029

10. Name and Address of New Registered Agent

81 Name: N/A
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] Gonzalo Clavijo — June 4, 1996 (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director John J. Reyes Condominium Girasol Apt. 1010 Isla Verde, Puerto Rico 00979	XX DELETE	1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Gonzalo Clavijo 18266 S.W. 29th Street Miramar, FL 33029 XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Irene V. Clavijo 18266 S.W. 29th Street Miramar, FL 33029 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Mark W. Kay 7000 S.W. 62nd Ave., Ph-B South Miami, Florida 33143 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000001870900 -06/21/96--01026--046 ***225.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6-20-96 ☐ Change ☐ Addition

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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — GONZALO CLAVIJO — 6/4/96 (Date) — (954)438-4052 (Daytime Phone #)

CR2E034 (12/95)