

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 # P95000067789 (4)

1. Corporation Name

MEMORIAL FAMILY PHARMACY, INC.



Principal Place of Business

Mailing Address

4617 NORTH NEBRASKA AVENUE
TAMPA FL 33603

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TAMPA FL 33603

3. Date Incorporated or Qualified

08/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2919 W. SWANN
Suite, Apt. #, etc.

26 2919 W. SWANN
Suite, Apt. #, etc.

4. FEI Number

59-3334038

Applied For

Not Applicable

22 #101

27 #101

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 TAMPA FLORIDA
City & State

28 TAMPA FLA
City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 33609
Zip Country

29 33609
Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOBLEY, J. NEAL
2070 RINGLING BOULEVARD
SARASOTA FL 34237

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

She states, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

NAME FRITCH, GUERRY STEVEN
STREET ADDRESS 4503 OLD ORCHARD DRIVE
CITY-STATE-ZIP TAMPA FL 33603

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

4201 WAYNE WILLIAM COURT
TAMPA FL 33624

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME FUCARINO, DAN
STREET ADDRESS 3019 PEACOCK LANE
CITY-STATE-ZIP TAMPA FL 33618

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME BOBO, ABRAHAM ELI
STREET ADDRESS 80 LADOGA
CITY-STATE-ZIP TAMPA FL 33603

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96

Date

813-286-5953

Daytime Phone #

CR2E034 (12/95)