

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

4617 NORTH NEBRASKA AVENUE
TAMPA FL 33603

Mailing Address

4617 NORTH NEBRASKA AVENUE
TAMPA FL 33603



2. Principal Place of Business

21. **2919 W. SWAWN**

Suite, Apt. #, etc.

22. **#101**

City & State

23. **TAMPA FLORIDA**

Zip

24. **33609**

Country

25. **25**

9. Name and Address of Current Registered Agent

**MOBLEY, J. NEAL
2070 RINGLING BOULEVARD
SARASOTA FL 34237**

2a. Mailing Address

26. **2919 W. SWAWN**

Suite, Apt. #, etc.

27. **#101**

City & State

28. **TAMPA FLA**

Zip

29. **33609**

Country

30. **33609**

3. Date Incorporated or Qualified

08/31/1995

3a. Date of Last Report

4. FEI Number

59-3334038

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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

Sign at the 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	D	<input type="checkbox"/> DELETE
NAME	FRITCH, GUERRY STEVEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4503 OLD ORCHARD DRIVE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FUCARINO, DAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3019 PEACOCK LANE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOBO, ABRAHAM ELI	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	80 LADOGA	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE		<input type="checkbox"/> DELETE
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96

813-286-5953

Daytime Phone #

CR2E034 (12/95)