SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jul 29, 1996 08:00 AM
Secretary of State

DOCUMENT # **P95000074173 (2)**

1. Corporation Name
IV PHARMACEUTICAL WHOLESALERS, INC.

Principal Place of Business	Mailing Address
8 SW 23RD STREET FT. LAUDERDALE FL 33315	8 SW 23RD STREET FT. LAUDERDALE FL 33315

3. Date Incorporated or Qualified: 09/26/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4053 SW 40th Avenue	26 4053 SW 40th Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Pembroke Park	28 City & State: Pembroke Park
24 Zip: 33023 25 Country: USA	29 Zip: 33023 30 Country: USA

4. FEI Number: 65-0610456 ☐ 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	10. Name and Address of New Registered Agent
ROSENTHAL, JEFFREY H C/O KIND, ROSENTHAL, MOPSICIE & RETAMAR 7000 W PALMETTO PARK ROAD BOCA RATON FL 33433	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	D, P	☒ Change ☐ Addition
NAME	FRUCHTMAN, IRA		12 NAME		
STREET ADDRESS	4777 NW 90 WAY		13 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33067		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE	D, V	☒ Change ☐ Addition
NAME	PINKOFF, LAWRENCE		22 NAME		
STREET ADDRESS	8 SW 23RD STREET		23 STREET ADDRESS	2442 Fillmore Street	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315		24 CITY-ST-ZIP	Hollywood, FL 33020	
TITLE		☐ DELETE	31 TITLE	D, V	☐ Change ☒ Addition
NAME			32 NAME	MESA, JULIO C.	
STREET ADDRESS			33 STREET ADDRESS	19402 NW 11th Street	
CITY-ST-ZIP			34 CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Lawrence Pinkoff, V.Pres 7-10-96 (954) 989-2650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #