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 # P95000096357 (5)

1. Corporation Name
ADVANCED PHARMACY SERVICES, INC.

Principal Place of Business	Mailing Address
200 S.W. EIGHTH ST., STE. C OCALA FL 34474	200 S.W. EIGHTH ST., STE. C OCALA FL 34474

3. Date Incorporated or Qualified: 12/21/1995
3a. Date of Last Report: N/A first report

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 59 - 3349216 ☐ 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**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. **Name and Address of New Registered Agent**

81 Name: Karl Walter
82 Street Address (P.O. Box Number is Not Acceptable): ~~2901 SW 41st St., Apt 1902~~
83 4111 SW 30th Court 34474
84 City: Ocala FL 85 Zip Code: 34474

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] President 6/13/96
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	WALTER, KARL	
STREET ADDRESS	2901 S.W. 41ST ST., APT. 1902	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	VD	☐ DELETE
NAME	WALTER, ROBERT R	
STREET ADDRESS	2901 S.W. 41ST ST., APT. 1902	
CITY-ST-ZIP	OCALA FL 34474	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PSD	☑ Change ☐ Addition
1.2 NAME	Walter, Karl	
1.3 STREET ADDRESS	~~2901 SW 41st St., Apt 1902~~ 4111 SW 30th Court	
1.4 CITY-ST-ZIP	Ocala, FL 34474	
2.1 TITLE	VTD	☑ Change ☐ Addition
2.2 NAME	Walter, Robert R.	
2.3 STREET ADDRESS	~~2901 SW 41st St., Apt 1902~~ 4111 SW 30th Court	
2.4 CITY-ST-ZIP	Ocala, FL 34474	
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		

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-06/24/96--01021--036
***225.00

06-27-96 OR

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] KARL WALTER 5/30/96 352 690-7004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (12/95)