PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000006698

MEGA PHARMACY CORPORATION Mailing Address Principal Place of Business C/O NATIONS HEALTHCARE, INC. 4959 N. STATE RD. 7 1000 MANSELL EXCHANGE WEST. SUITE 230 TAMARAC FL 33319 DO NOT WRITE IN THIS SPACE alpharetta ga 30202 US 3. Date incorporated or Qualifed 01/22/1996 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 26 POBOX SOSO Not Applicable 65-0637711 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State _ \$5,00.May.Be 8. Election Campaign Financing City & State □ ··· Trust Fund Contribution CHERRY 23 Country 8. This corporation owes the current year intangible Zip Zip 08034 U 5 A Personal Property Tax. 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LURFORATION SYSTEM CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 ROAD 1200 SOUTH PINE IS-MUTO 85 Zip Code City PLANTADON 3333 4 e-named corporation submits this statement for the purpose of changing its registered the corporation's board or directors. Thereby accept the appointment as registered KORRIA. BEHLER 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above red agent, or both, in the State of Florida. Such change was authorized by the illiar with and accept the obligations of Section 807.0505, Florida Statutes. office or registered ager agent, I am familiar with Special Assistant Secretary ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS Addition ☐ Change PRESIDENT DELETE 1.1 TITLE TITLE CARIG W. PORTER 1.2 NAME WOOD, BOB L NAME 55 CAENE GIE 7424 1.3 STREET ADDRESS 1000 MANSELL EXCHANGE WEST, SUITE 230 STREET ADDRESS NJ 08003 CHECKY HILL ALPHARETTA GA 30202 1.4 CITY ST-ZIP CITY-ST-ZIP Addition Change SECRETARY JACK N. BLOWN 21 TITLE TITLE 22 NAME MURDOCK, STEPHEN H. NAME PLAZA 55 CARNEGIE 1000 MANSELL EXCHANGE WEST, SUITE 230 2.3 STREET ADDRESS STREET ADDRESS NJ 08003 CHERRY HILL 2.4 CITY-ST-ZIP ALPHARETTA GA 30202 Addition CITY-ST-ZIP Change N DELETE 3.1 TITLE TREASURER me JACK N' BEOWN 3.2 NAME 55 CAENEGIE PLAZA NAME 3.3 STREET ADDRESS STREET ADDRESS NT 05003 CHERRY HILL 3.4. CITY-ST-ZIP C11Y-ST-ZIP Addition Change ☐ DELETE 41 TITLE DIRECTOR TILE POR TELL ORAIG W. PORTER 55 CARNEGIE PLAZA 4.2 NAME NAME

8.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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 Statutas; and that my name appears in Block 12 or Block 13 if changed, er on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADORESS

6.3 STREET ADORESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

61 TITLE

6.2 NAME

CHERRY HILL

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZP

me

NAME

TITLE

NAME

☐ DELETE

DELETE

609) 470-2100

Addition

☐ Addition

08003

Change

Change

CR2E034 (11/98)

FILED

Jul 15, 1999 8:00 am

Secretary of State

07-15-1999 90023 041 ***550.00