## 3.5.41 B.2524

**PROFIT** CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 03 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000062920 (9)

GET WELL PHARMACY, INC.

Principal Plane of Business Mailing Address C/O KIRKPATRICK & LOCKHART LLP 201 S. BISCAYNE BLVD., 20TH FL. C/O KIRKPATRICK & LOCKHART LLP 201 S. BISCAYNE BLVD., 20TH FL. MIAMI FL 33131 MIAMI FL 33131-4325 3. Date Incorporated or Qualified 3a. Date of Last Report 07/18/1996 none 2. Principal Piace of Business 2a. Mailing Address 4. FEI Number Applied For 21 3538 South University Dr. 3538 South University Dr. Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Davie, FL 23 Davie, FL 28 Trust Fund Contribution Added to Fees Zφ Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 2433328 25 29 33328 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WHITE: ROBERT C JR. C/O KIRKPATRICK & LOCKMART LLP 82 201 S. BISCAYNE BLVD., 20TH FL. MIAMI FL 33131---83 84 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 for both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICIERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. TITLE DELETE 1.1 TITLE \_\_\_ Change Pres/Sec/Treas NAME 1.2 NAME Travis Leonardi SHREET ADDRESS 1.3 STREET ADDRESS 3538 South University Drive CITY-S1 ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-SY-ZiP 2.4 CITY - ST-ZIP THEF DELETE 3.1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS C:Tr - S1 - ZIP 3.4 City-St-7IP mo \_\_\_ DELETE 41 TITLE Change Addition NAM 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 0:11:51:7IF 4.4 CITY-ST-7IP THE DELETE 51 TITLE ☐ Change Addition NAV: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-\$1-70° 5.4 CITY-ST-ZIP THUE DELETE 6.1 THILE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. 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 fam an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Travis Leonardi, Pres.