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FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P96000062920 (9)**

1. Corporation Name
GET WELL PHARMACY, INC.

Principal Place of Business	Mailing Address
3538 S UNIVERSITY DR DAVIE FL 33328 US	3538 S UNIVERSITY DR DAVIE FL 33328 US

220 S. University Dr. 220 S. University Dr.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 ~~3540 S University Dr~~
22 Suite, Apt. #, etc.
23 City ~~Davie~~ Plantation FL
24 Zip ~~33328~~ 25 Country US

2a. Mailing Address
26 ~~3540 S. University Dr~~
27 Suite, Apt. #, etc.
28 City ~~Davie~~ Plantation FL
29 Zip ~~33328~~ 30 Country US

3. Date Incorporated or Qualified: 07/18/1996

4. FEI Number: 65-0683749 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~LEONARDI, TRAVIS J~~
~~3538 S UNIVERSITY DR~~
~~DAVIE FL 33328~~

10. Name and Address of New Registered Agent

81 Name: Jacqueline L. Willoughby
82 Street Address (P.O. Box Number is Not Acceptable): ~~3540 South University~~ Dr
83 220 S. University Drive
84 City: ~~Davie~~ Plantation FL 85 Zip Code: ~~33328~~

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: Jacqueline L Willoughby Jacqueline L Willoughby President 2-13-98
Signature of new 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PST LEONARDI, TRAVIS 3538 S UNIVERSITY DR DAVIE FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Jacqueline L Willoughby 2711 SW 86 Way Davie FL 33328	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President Ray E. Willoughby 2711 SW 86 Way Davie FL 33328	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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 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: Jacqueline L Willoughby President Jacqueline L Willoughby 2-13-98