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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000088376 (4)**

1. Corporation Name
AMERICAN FAMILY PHARMACY FRANCHISE COMPANY, INC.

Principal Place of Business	Mailing Address
C/O DUKER BARRETT GRAVANTE & MARKEL BARNETT BANK PLAZA 1 E. BROWARD BLVD. #620 FORT LAUDERDALE FL 33301	C/O DUKER BARRETT GRAVANTE & MARKEL BARNETT BANK PLAZA 1 E. BROWARD BLVD. #620 FORT LAUDERDALE FL 33301

3. Date Incorporated or Qualified: 10/25/1996
3a. Date of Last Report:

2. P[illegible]
21
2a. Ma[illegible]
26

4. FEI Number: 65-0710169 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22 6422 N.W. 5TH WAY	Suite, Apt. #, etc. 27 6422 N.W. 5TH WAY
City & State 23 FORT LAUDERDALE, FLORIDA	City & State 28 FORT LAUDERDALE, FLORIDA
Zip / Country 24 33309 / 25 USA	Zip / Country 29 33309 / 30 USA

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
CHASKES, ROBERT I BARNETT BANK PLAZA 1 EAST BROWARD BLVD. STE 620 FORT LAUDERDALE FL 33301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUKER, WILLIAM F 1 EAST BROWARD BLVD. STE 620 FORT LAUDERDALE FL 33301 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	C WEST, CHARLES 441 GOLD DRIVE, EDEN ISLE HEBER SPRINGS, ARKANSAS 72543 ☐ 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	P BRADEN, LARRY 80 OLD MOUNTAIN ROAD POWDER SPRINGS, GEORGIA 30073 ☐ 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	S MINCY, WILLIAM L. 2318 SOUTH PENINSULA DRIVE DAYTONA BEACH, FLORIDA 32118 ☐ 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	T FAAS, MELISSA 42 ROBIN LANE RENSSELAER, NEW YORK 12144 ☐ 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	D FISCHER, STEVEN N. 23 HILL ROAD LOUDONVILLE, NEW YORK 12211 ☐ 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	D HIGGINS, ROBERT 38 CORPORATE CIRCLE ALBANY, NEW YORK 12212 ☐ Change ☒ Addition

CR2E034 (9/96)

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. 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 added by attachment with an address.

SIGNATURE: William F. Duker, Director 1/28/97 (954) 356-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #