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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
C/O DUKER BARRETT GRAVANTE & MARKEL
BARNETT BANK PLAZA 1 E. BROWARD BLVD. #620
FORT LAUDERDALE FL 33301

Mailing Address
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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State: 23 FORT LAUDERDALE, FLORIDA
City & State: 28 FORT LAUDERDALE, FLORIDA

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip: 24 33309 — Country: 25 USA
Zip: 29 33309 — Country: 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CHASKES, ROBERT I
BARNETT BANK PLAZA
1 EAST BROWARD BLVD. STE 620
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
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 _____
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	D ☐ DELETE
NAME	DUKER, WILLIAM F
STREET ADDRESS	1 EAST BROWARD BLVD. STE 620
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
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	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C ☐ Change ☒ Addition
1.2 NAME	WEST, CHARLES
1.3 STREET ADDRESS	441 GOLD DRIVE, EDEN ISLE
1.4 CITY-ST-ZIP	HEBER SPRINGS, ARKANSAS 72543
2.1 TITLE	P ☐ Change ☒ Addition
2.2 NAME	BRADEN, LARRY
2.3 STREET ADDRESS	80 OLD MOUNTAIN ROAD
2.4 CITY-ST-ZIP	POWDER SPRINGS, GEORGIA 30073
3.1 TITLE	S ☐ Change ☒ Addition
3.2 NAME	MINCY, WILLIAM L.
3.3 STREET ADDRESS	2318 SOUTH PENINSULA DRIVE
3.4 CITY-ST-ZIP	DAYTONA BEACH, FLORIDA 32118
4.1 TITLE	T ☐ Change ☒ Addition
4.2 NAME	FAAS, MELISSA
4.3 STREET ADDRESS	42 ROBIN LANE
4.4 CITY-ST-ZIP	RENSSELAER, NEW YORK 12144
5.1 TITLE	D ☐ Change ☒ Addition
5.2 NAME	FISCHER, STEVEN N.
5.3 STREET ADDRESS	23 HILL ROAD
5.4 CITY-ST-ZIP	LOUDONVILLE, NEW YORK 12211
6.1 TITLE	D ☐ Change ☒ Addition
6.2 NAME	HIGGINS, ROBERT
6.3 STREET ADDRESS	38 CORPORATE CIRCLE
6.4 CITY-ST-ZIP	ALBANY, NEW YORK 12212

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 on an 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 #