

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000089069 (4)**

1. Corporation Name

THE MEDICAL STORE PHARMACY, INC.



Principal Place of Business 200 NORTH US HIGHWAY 1 ORMOND BEACH FL 32174 US	Mailing Address 430 NORTH ST. #124 LONGWOOD FL 32750
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 321 E Georgia Ave Suite, Apt. #, etc. 22 City & State 23 Longwood FL Zip Country 24 32750 USA		2a. Mailing Address 25 321 E. Georgia Ave Suite, Apt. #, etc. 27 City & State 28 Longwood, FL Zip Country 29 32750 USA 30		3. Date Incorporated or Qualified 10/28/1996
		4. FEI Number 59-3406539		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
		6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent DAVID R. ROY, P.A. 4201 N FEDERAL HWY POMPANO BEACH FL 33064		10. Name and Address of New Registered Agent 81 Name Julia L. Frey, Esquire 82 Street Address (P.O. Box Number is Not Acceptable) Lowndes, Drosdick, Doster, Kantor & Reed, P.A. 83 215 North Eola Drive 84 City Orlando, FL 85 Zip Code 32801	
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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 *John C. Frey* DATE **4/22/98**
Signature, typed or printed name of registered agent and title is acceptable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	ROY, WILFRED J III	1.2 NAME	
STREET ADDRESS	429 BAY TREE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	SHEPHERD, JOSEPH C	2.2 NAME	
STREET ADDRESS	114 WINDTREE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	FEDOROVICH, J. NICHOLAS	3.2 NAME	
STREET ADDRESS	17 SILVER FOX TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 *John C. Frey* DATE **4/15/98** 407/831-7331

CR2E034 (10/97)