


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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000090730 (8)					
1. Corporation Name GULF COAST PHARMACY SERVICES, INC.					
Principal Place of Business LEE EXEC. CENTER, 3049 CLEVELAND AVE. UNIT 250-R FORT MYERS FL 33901			Mailing Address LEE EXEC. CENTER, 3049 CLEVELAND AVE. UNIT 250-R FORT MYERS FL 33901		
2. Principal Place of Business 21 6601 LYONS RD. Suite, Apt. #, etc. 22 SUITE I-10 City & State 23 COCONUT CREEK, FL Zip 24 33073		2a. Mailing Address 26 6601 LYONS RD. Suite, Apt. #, etc. 27 SUITE I-10 City & State 28 COCONUT CREEK, FL Zip 29 33073		3. Date Incorporated or Qualified 11/01/1996 3a. Date of Last Report 11/01/1996 4. FEI Number 65-0713194 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 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ELEFANT, FRED 1650 PRUDENTIAL DRIVE SUITE 105 JACKSONVILLE FL 32207				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	NAME	KRAEMER, MARK	STREET ADDRESS	2795 VIA BAYA LANE
CITY-ST-ZIP			JACKSONVILLE FL 32223		
TITLE	D	NAME	EDWARDS, ROBERT	STREET ADDRESS	8159-A SEVERN DRIVE
CITY-ST-ZIP			BOCA RATON FL 33433		
TITLE	D	NAME	WESTON, STEVEN	STREET ADDRESS	2486 COMFORT WEST
CITY-ST-ZIP			BLOOMFIELD MI 48323		
TITLE		NAME		STREET ADDRESS	
CITY-ST-ZIP					
TITLE		NAME		STREET ADDRESS	
CITY-ST-ZIP					
TITLE		NAME		STREET ADDRESS	
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP		2.1 TITLE		2.2 NAME	ROBERT J. EDWARDS JR.
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		2.5 NAME	12914 HYLAND CIRCLE
3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS	BOCA RATON, FL 33428
3.4 CITY-ST-ZIP		4.1 TITLE		4.2 NAME	6601 LYONS RD. SUITE I-10
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		4.5 NAME	COCONUT CREEK, FL 33073
5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		6.1 TITLE		6.2 NAME	
6.3 STREET ADDRESS		6.4 CITY-ST-ZIP		6.5 NAME	
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, unchanged, or on an attachment with an address.					
SIGNATURE: X SIGNATURE REQUIRED					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

X 4/30/97 951-426-1117  
Date Daytime Phone