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

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jul 08 1998 8:00am
Secretary of State

DOCUMENT # P96000095881

1. Corporation Name
Community Care Pharmacy, Inc.

Principal Place of Business: 710 Palm Avenue, Hialeah, Florida 33010
Mailing Address: 710 Palm Avenue, Hialeah, Fl. 33010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 710 Palm Ave.
22 Suite, Apt #, etc.
23 City & State: Hialeah, Florida
24 Zip: 33010 25 Country: Dade

2a. Mailing Address
26 710 Palm Ave.
27 Suite, Apt #, etc.
28 City & State: Hialeah, Fl.
29 Zip: 33010 30 Country: Dade

3. Date Incorporated or Qualified: 11-21-96
4. FEI Number: 65-0709206 ☐ 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
Daysi M. Zayas Alfonso
710 Palm Avenue
Hialeah, Fl. 33010.

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	PRESident	☐ DELETE
NAME	Daysi M. Zayas Alfonso	
STREET ADDRESS	1021 W. 55 Pl.	
CITY-ST-ZIP	Hialeah, Fl. 33012	
TITLE	VP.	☒ DELETE
NAME	Lizet Ramos	
STREET ADDRESS	10621 S.W. 67 St.	
CITY-ST-ZIP	Miami, Fl. 33165	
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	President	☐ Change ☐ Addition
1.2 NAME	Daysi M. Zayas Alfonso	
1.3 STREET ADDRESS	1021 W. 55 Pl.	
1.4 CITY-ST-ZIP	Hialeah, Fl. 33012	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	7/8	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	100002583231	
6.3 STREET ADDRESS	-07/08/98--01077--003	
6.4 CITY-ST-ZIP	***150.00	

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: Daysi M. Zayas Alfonso 5/5/98 883-7766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)