SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0071993

PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
98 NOV -9 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000084127 (4)

1. Corporation Name
SOUTH FLORIDA PHARMACY SERVICES, INC.

Principal Place of Business	Mailing Address
2424 N. FEDERAL HWY.. SUITE 460 BOCA RATON FL 33431	2424 N. FEDERAL HWY.. SUITE 460 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1997

2. Principal Place of Business	2a. Mailing Address
21 21000 Boca Rio Road	26 21000 Boca Rio Road
Suite, Apt. #, etc. 22 Suite A14.	Suite, Apt. #, etc. 27 Suite A14.
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip 24 33433 Country 25 U.S.A	Zip 29 33433 Country 30 USA

4. FEI Number: 65-0839659. ☐ 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	10. Name and Address of New Registered Agent
ROSENTHAL, JEFFREY H 2424 N. FEDERAL HWY., SUITE 460 BOCA RATON FL 33431	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 400002687394--9 -11/13/98--01080--002 84 City ****750.00 FL ****750.00

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: JEFFREY H. ROSENTHAL 10-27-98.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE VP/D	LAWRENCE D. GINKOFF ☐ Change ☑ Addition
NAME	ROSENTHAL, JEFFREY H	1.2 NAME	
STREET ADDRESS	2424 N. FEDERAL HWY., SUITE 460	1.3 STREET ADDRESS	21000 Boca Rio Road #A14
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	☐ DELETE	2.1 TITLE P/D	HENRY A. LENZ ☐ Change ☑ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	21000 Boca Rio Road #A14
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	☐ DELETE	3.1 TITLE VP/D	IRA D. FRUCHTMAN ☐ Change ☑ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	21000 Boca Rio Road #A14
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton FL 33433
TITLE	☐ DELETE	4.1 TITLE SEC	BERNICE L. MARRONE ☐ Change ☑ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	21000 BOCA RIO ROAD #A14
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	**REINSTATEMENT** 98
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	BY 11/12/98
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: SIGNATURE REQUIRED, President 10/27/98 Henry A Lenz 561-218-3866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/98)