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FILED
Feb 02 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 # P97000089702 (9)

1. Corporation Name

BERGEN OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

STE. 401, 1 BELMONT AVE.
GSB BUILDING
BALA CYNWYD PA 19004

STE. 401, 1 BELMONT AVE.
GSB BUILDING
BALA CYNWYD PA 19004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1997

4. FEI Number

23-2932442

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 PAS
NAME DiLella, Daniel M
STREET ADDRESS GSB Building, Ste. 401, One Belmont Ave
CITY-ST-ZIP Bala Cynwyd, PA 19004

TITLE CVAS
NAME Howard, Barry
STREET ADDRESS GSB Building, Ste. 401, One Belmont Ave
CITY-ST-ZIP Bala Cynwyd, PA 19004

TITLE VAS
NAME Pasquarella, Arthur P
STREET ADDRESS GSB Building, Ste. 401, One Belmont Ave
CITY-ST-ZIP Bala Cynwyd, PA 19004

TITLE VAS
NAME Williams, Scott A
STREET ADDRESS GSB Building, Ste. 401, One Belmont Ave
CITY-ST-ZIP Bala Cynwyd, PA 19004

TITLE VTAS
NAME Maloney, Robert K
STREET ADDRESS GSB Building, Ste. 401, One Belmont Ave
CITY-ST-ZIP Bala Cynwyd, PA 19004

TITLE VAS
NAME Perry, Roy C
STREET ADDRESS GSB Building, Ste. 401, One Belmont Ave
CITY-ST-ZIP Bala Cynwyd, PA 19004

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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
6.3 STREET ADDRESS
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.

Bergen of Jacksonville, Inc.

CR2E034 (10/97)