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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S08971

1. Corporation Name
VOLUSIA INSTITUTIONAL PHARMACY, INC.

Principal Place of Business 128 W. GEORGIA AVE. DELAND FL 32720 US	Mailing Address P.O. BOX 758 DELAND FL 32721-0758 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1990

4. FEI Number

59-3029247

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 **112 E. New York Avenue**

2a. Mailing Address
26 **Post Office Box 7**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **DeLand, Florida**

28 **DeLand, Florida**

Zip **32724** Country **USA**

Zip **32721** Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADAMS, IRA B
P. O. BOX 758
DELAND FL 32721**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
112 East New York Avenue

83

84 City **DeLand, FL** 85 Zip Code **32724**

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 ☐ DELETE

TITLE **PD**
NAME **LANE, FRED A.**
STREET ADDRESS **403 S AMELIA AVE.**
CITY-ST-ZIP **DELAND FL**

TITLE **DV** ☐ DELETE

NAME **ADAMS, IRA B.**
STREET ADDRESS **1084 Torchwood Drive**
CITY-ST-ZIP **DeLand, FL**

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 ☐ 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 **112 East New York Avenue**

2.4 CITY-ST-ZIP **DeLand, Florida 32724**

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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

COHEN, SMITH & CO., P.A.

CR2E034 (11/98)