SECOND NOTICE CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996
AMOUNT DUE ON OR BEFORE 8-7-96 $225.00 DISSOLVED MINIMUM AMOUNT DUE TO REINSTATE $625.00

APPROVED
AND
FILED

1996 APR 10 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1996

DOCUMENT # V49784 (4)

SPECIALIZED PHARMACY SERVICES, INC

6525 ROOSEVELT BLVD
JACKSONVILLE, FL 32244

1000 MANSELL EXCHANGE WEST
SUITE 230
ALPHARETTA, GA 30202
U.S.

06-30-1992 05/01/1995

59-3182391

CHARLIE LAGER
6525 ROOSEVELT BLVD
JACKSONVILLE, FL 32244

P
BOB WOOD
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202
V
CHARLIE LAGER
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202

X

CHARLIE LAGER
6525 ROOSEVELT BLVD
JACKSONVILLE FL 32244

P V
BOB WOOD
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202 X
V
CHARLIE LAGER
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202

Represented by Counsel

SIGNATURE:

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

APPROVED
AND
FILED

1996 APR 10 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT

1996

DOCUMENT # V49784 (4)

1. SPECIALIZED PHARMACY SERVICES, INC.

5525 ROOSEVELT BLVD
JAKSONVILLE, FL 32244

1000 MANSELL EXCHANGE WEST
SUITE 230
ALPHARETTA, GA 30202
U.S.

06-30-1992

05/01/1995

59-3181391

$8.75

$5.00

X

9. Name and Address of Current Registered Agent

CHARLIE LAGER
5525 ROOSEVELT BLVD
JAKSONVILLE, FL 32244

10. Name and Address of New Registered Agent

CHARLIE LAGER
5525 ROOSEVELT BLVD
JAKSONVILLE FL 32244

11.

12.

P
BOB WOOD
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202

V
CHARLIE LAGER
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202

13.

P V
BOB WOOD
1000 MANSELL EXCHANGE WEST, STE 230
ALPHARETTA, GA 30202 X

V
CHARLIE LAGER
1000 MANSELL EXCHANGE WEST, STE 230
ALPHAITETTA, GA 30202

$ Deposited by bank

14.

SIGNATURE:

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

APPROVED AND FILED
1996 APR 10 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # V 49784 (4)

1. Corporation Name

SPECIALIZED PHARMACY SERVICES, INC.

Principal Place of Business
5525 ROOSEVELT BLVD
JACKSONVILLE, FL 32244

Mailing Address
1000 MANSELL EXCHANGE WEST
SUITE 230
ALPHARETTA, GA 30202
U.S.

3. Date Incorporated or Qualified: 06-30-1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3181391
$8.75 Additional Fee Required
5. Certificate of Status Desired [ ]
6. Election Campaign Financing Trust Fund Contribution [ ]
$5.00 May Be Added to Fees
8. The corporation has a liability ... Florida Statutes [X] Yes [ ] No

2. Principal Place of Business
21 Street
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 Street
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. **Name and Address of Current Registered Agent**

CHARLIE LAGER
5525 ROOSEVELT BLVD
JACKSONVILLE, FL 32244

10. **Name and Address of New Registered Agent**

81 Name: CHARLIE LAGER
82 Street Address (P.O. Box Number is Not Acceptable): 5525 ROOSEVELT BLVD
83
84 City: JACKSONVILLE FL 85 Zip Code: 32244

11. Pursuant to the provisions of ... 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 ... I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature]

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	BOB WOOD	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
CITY-ST-ZIP	ALPHARETTA, GA 30202	
TITLE	V	[ ] DELETE
NAME	CHARLIE LAGER	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
CITY-ST-ZIP	ALPHARETTA, GA 30202	
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

1 TITLE	P	[V] Change [ ] Add
1 NAME	BOB WOOD	
1 STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
1 CITY-ST-ZIP	ALPHARETTA, GA 30202	
2 TITLE	V	[X] Change [ ] Add
2 NAME	CHARLIE LAGER	
2 STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	
2 CITY-ST-ZIP	ALPHARETTA, GA 30202	
3 TITLE		[ ] Change [ ] Add
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Add
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Add
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Add
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

$ Deposited by Bank
4/12/96

14. I do hereby certify that the information ... I further certify that the information ... made under oath ... that my name appears in Block 12 ...

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

APPROVED AND FILED

1996 APR 10 AM 11: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # V52513 (1)

1. Corporation Name

NATIONS HEALTHCARE OF CHARLOTTE, INC

Principal Place of Business	Mailing Address
5535 SEVENTY-SEVEN CENTER DR	1000 MANSELL EXCHANGE WEST
SUITE 40	SUITE 230
CHARLOTTE, NC 28217	ALPHARETTA, GA 30202

3. Date Incorporated or Qualified: 07-17-1992
3a. Date of Last Report: 05-01-1995
4. FEI Number: 59-2004301 — 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 has liability for intangible tax under s. 199.0__ Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CHARLIE LAGER
5525 ROOSEVELT BLVD
JACKSONVILLE, FL 32244

10. Name and Address of New Registered Agent

81 Name: CHARLIE LAGER
82 Street Address (P.O. Box Number is Not Acceptable): 5525 ROOSEVELT BLVD
83
84 City: JACKSONVILLE FL 85 Zip Code: 32244

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) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P ☐ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	BOB WOOD	1.2 NAME	BOB WOOD
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	1.3 STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230
CITY-ST-ZIP	ALPHARETTA, GA 30202	1.4 CITY-ST-ZIP	ALPHARETTA, GA 30202
TITLE	V ☐ DELETE	2.1 TITLE	V ☒ Change ☐ Addition
NAME	CHARLIE LAGER	2.2 NAME	CHARLIE LAGER
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230	2.3 STREET ADDRESS	1000 MANSELL EXCHANGE WEST, STE 230
CITY-ST-ZIP	ALPHARETTA, GA 30202	2.4 CITY-ST-ZIP	ALPHARETTA, GA 30202
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
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	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Deposited by Bank

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

APPROVED AND FILED
1996 APR 10 AM 11: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # V49784 (4)

1. Corporation Name

SPECIALIZED PHARMACY SERVICES, INC.

Principal Place of Business
5525 ROOSEVELT BLVD
JACKSONVILLE, FL 32244

Mailing Address
1000 MANSELL EXCHANGE WEST
SUITE 230
ALPHARETTA, GA 30202
U.S.

3. Date Incorporated or Qualified: 06-30-1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3181391
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 has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt # etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt # etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

CHARLIE LAGER
5525 ROOSEVELT BLVD
JACKSONVILLE, FL 32244

10. Name and Address of New Registered Agent

81 Name: CHARLIE LAGER
82 Street Address (P.O. Box Number is Not Acceptable): 5525 ROOSEVELT BLVD
83
84 City: JACKSONVILLE FL 85 Zip Code: 32244

11. Pursuant to the provisions of ... Florida Statutes ... office or registered agent ... agent. I am familiar with ... Florida Statutes.

SIGNATURE: [signature]

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
P	BOB WOOD	1000 MANSELL EXCHANGE WEST, STE 230	ALPHARETTA, GA 30202	[ ] DELETE
V	CHARLIE LAGER	1000 MANSELL EXCHANGE WEST, STE 230	ALPHARETTA, GA 30202	[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
P	BOB WOOD	1000 MANSELL EXCHANGE WEST, STE 230	ALPHARETTA, GA 30202	[X] Change [ ] Add
V	CHARLIE LAGER	1000 MANSELL EXCHANGE WEST, STE 230	ALPHARETTA, GA 30202	[X] Change [ ] Add
				[ ] Change [ ] Add
				[ ] Change [ ] Add
				[ ] Change [ ] Add
				[ ] Change [ ] Add

$ Deposited by Bank
4/12/96

14. I do hereby certify that ... Florida Statutes ...

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)