

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90172 042 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P07284

1. Corporation Name
INSTA-CARE PHARMACY SERVICES CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3611 QUEEN PALM DRIVE SUITE 40-A TAMPA FL 33619 US
 Mailing Address: 5111 ROGERS AVENUE SUITE 40-A FORT SMITH AR 72919-0155

3. Date Incorporated or Qualified: **08/26/1985**
 4. FEI Number: **59-1817412**
 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: 21 175 Kelsey Lane
 22 Suite, Apt. #, etc.
 23 City & State: Tampa, FL
 24 Zip: 33619 25 Country: US
 2a. Mailing Address: 26 175 Kelsey Lane
 27 Suite, Apt. #, etc.
 28 City & State: Tampa, FL
 29 Zip: 33619 30 Country: US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENSCHLER, C. ARNOLD	1.2 NAME	
STREET ADDRESS	3611 QUEEN PALM DRIVE	1.3 STREET ADDRESS	175 Kelsey Lane
CITY-ST-ZIP	TAMPA FL 33630-3054	1.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	David Redmond
STREET ADDRESS		2.3 STREET ADDRESS	175 Kelsey Lane
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VP/Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Jerry Gerlach
STREET ADDRESS		3.3 STREET ADDRESS	175 Kelsey Lane
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	David R. Banks
STREET ADDRESS		4.3 STREET ADDRESS	5111 Rogers Avenue #40-A
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Boyd Hendrickson
STREET ADDRESS		5.3 STREET ADDRESS	5111 Rogers Avenue #40-A
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Fort Smith, AR 72919-0155
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	EVP/COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Bob Della Valle
STREET ADDRESS		6.3 STREET ADDRESS	9901 E. Valley Ranch Pkwy.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Irving, TX 75063

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: *David J. Redmond* 1/15/99 813-626-7788

CR2E034 (11/98)