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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90102 011 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L24061

GERIATRIC PHARMACEUTICAL SERVICES, INC.

Principal Place	of Business	Mailing Address			(1984) Bil Silb iller dibit odise bitht van dibit armit mint binit armit armi			
141 E HIBISCUS BLVD. MELBOURNE FL 32901 US		141 E HIBISCUS BLVD. MELBOURNE FL 32901 US		DO NOT WRITE IN THIS SPACE				
					 Date Incorporated or Qualifed 10/19/1989 			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		 	plied For
21		26			59-3006332			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
City & State		City & State			a Statian Communication			<u> </u>
23		28			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip Country		Zip Country			8. This corporation owes the curr	ent vear le		0 1 000
24	, – –		30		Personal Property Tax.	one your n	Yes	□No
	9. Name and Address of Current		-		10. Name and Address of New I	Registere	d Agent	
		<u> </u>	81	Name				
	WNING, GEORGE B		82	Street A	Address (P.O. Box Number is Not Accepta	able)		
141 E HIBISCUS BLVD.					Toda coo (ro. Box non box no vice rough			
MELI	BOURNE FL 32901		83					
			84	City		F	85 Zip (Code
44 5	1- 4 CO7 050	2 and 607 1600. Florido Ctatutos	the shou	n named 4	corporation submits this statement for the			registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was auth	iorized by	the corpo	ration's board of directors. I hereby accep	of the app	ointment as re	gistered
SIGNATURE		WOLF D			equired when reinstating)	DATE		
Signature, typed or printed name of registered agen 12. OFFICERS AN				nt signature re	ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12
TITLE	DP OFFICERS AN	D DELETE	1.1 TITLE	Т	ADDITIONS/CHANCES TO CI	I IOLINO F	☐ Change	Addition
NAME	BROWNING, GEORGE	_	1,2 NAME					
STREET ADDRESS	141 E. HIBISCUS BLVD.		1.3 STREET ADDRE					
CITY-ST-ZIP	IT SOLIDLE T		1.4 CITY-S					
TITLE	DT	☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME	BROWNING, JEANNINE B.		2.2 NAME		:			
STREET ADDRESS	141 E. HIBISCUS BLVD.		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	A STILL OF A LINE OF THE			2. 4 CITY-ST-ZIP				
TITLE			3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME]
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				Ì
CITY-ST-ZIP			4.4 CITY-S	T-ZiP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				{
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	14174			
TITLE		☐ DELETE	6.1 TITLE	T			☐ Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				

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 chapter 607, or on an attachment with an address, with all other like empowered.