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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N08290 (1)

1. Corporation Name

DADE COUNTY PHARMACY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9829 MALVERN DRIVE
TAMARAC FL 33321
US

9829 MALVERN DRIVE
TAMARAC FL 33321-1997
US

3. Date Incorporated or Qualified
03/21/1985

3a. Date of Last Report
04/04/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2535608

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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLUCK, HAROLD
9829 MALVERN DRIVE
TAMARAC FL 33321

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Harold Gluck
Signature typed or printed name of registered agent and title if applicable

Harold Gluck (Treasurer)
(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLUMENTHAL, CARMEN A.	
STREET ADDRESS	12901 OLEANDER ROAD	
CITY - ST - ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALVAREZ, ERIC	
STREET ADDRESS	13445 SW 90 TERR.	
CITY - ST - ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GLUCK, HAROLD	
STREET ADDRESS	9829 MALVERN DRIVE	
CITY - ST - ZIP	TAMARAC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCUS, JOY	
STREET ADDRESS	13105 IXORA COURT	
CITY - ST - ZIP	NORTH MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAGNER, RICHARD	
STREET ADDRESS	7624 S.W. 108TH TERRACE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARBER, RUDY	
STREET ADDRESS	9411 S.W. 61ST STREET	
CITY - ST - ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Harold Gluck* (Treasurer) Gluck 2-1-97 954-721-4345
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0036962

CR2E037 (9/96)