


4/27/98

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 9829 MALVERN DRIVE TAMARAC FL 33321 US  
Mailing Address: 9829 MALVERN DRIVE TAMARAC FL 33321 US

3. Date Incorporated or Qualified: 03/21/1985

4. FEI Number: 59-2535608  
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields including Suite, Apt. #, etc., City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: GLUCK, HAROLD, 9829 MALVERN DRIVE, TAMARAC FL 33321

10. Name and Address of New Registered Agent (81-85) fields including Name, Street Address, City, and 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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: 4-19-98

12. OFFICERS AND DIRECTORS

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

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		
2.4 CITY-ST-ZIP		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 4-19-98

CR2E037 (1097)