NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N08290

DADE COUNTY PHARMACY ASSOCIATION, INC.

Principal Place of Business 9829 MALVERN DRIVE TAMARAC FL 33321

Mailing Address

9829 MALVERN DRIVE TAMARAC FL 33321

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90021 004 ****61.25



| 2. Principal Pl. 21 586 | ace of Business Palm Rd 2a. Mailing St. St. | Address 86 Salva | 1 F2 | ilm R | 3. Da | te Incorpo 3/21/198 | | Qualifed | | | |
|--|---|-----------------------|--------------------|--|----------------------------------|------------------------|------------|---------------------|---------------------|--------------|--|
| Suite, Apt. : | | pt. #, etc. | | | | l Number | | | . App | lied For - | |
| 22 | 27 | | | | 59 | -25356 | 08 | | | Applicable | |
| City & State | City & S | | | •• | 5. Ce | rtifcate of | Status De | esired | \$8.75 Ac | I | |
| 23 May | Country Zip | anu · | Country | • | 6 =4 | ation Car | nnaign Fil | vancing | \$5.00 N | | |
| zip Zip Zip Zip Zip Zip Zip 33137 [30] Country US [29] [30] [30] [30] [30] [30] [30] [30] [30 | | | | 6. Election Campaign Financing Trust Fund Contribution 55.00 May Be Added to Fees | | | | | | | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | | | | |
| | | | | | 81 Name Carmen Aceves Blumenthal | | | | | | |
| GLUCK, HAROLIL | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| 9829 MALVERN DRIVE | | | | 586 Sabal Palm Rd. | | | | | | | |
| JAMABAC FL 33321 | | | | | | | | | | | |
| The state of the s | | | | 84 City 85 Zip Code | | | | | | | |
| | | | | Miami FL 3318+ | | | | | | | |
| 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 | | | | | | | | | | | |
| | | | | | | | | | | | |
| SIGNATURE / Greener Junearles 1/2/199 | | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere | | | | nt signature rec | quired when reinst | ating) | HANGE | DATE TO OFFICERS | AND DIRECTOR | 25 IN 12 | |
| 12. | OFFICERS AND DIRECTORS | C) DELETE | 13. | | | JITIONSA | | , 10 OI HOLKO | Change | Addition | |
| TITLE | D DELETE | | | | D D | | | AUTUA | CARMEN | _ | |
| NAME | BLUMENTHAL, CARMEN A. | | 1.2 NAME | | ACEVE | 2-Or | 7. J | alm Rd | CHEMEN |) | |
| STREET ADDRESS | 12901 OLEANDER ROAD | | 1.3 STREET | | | | | | | | |
| CITY-ST-ZIP | N. MIAMI FL | - | 1.4 CITY-S | T-ZIP | <u> Hiam</u> | <u>i , 1-</u> | <u> </u> | 3137 | C Character | 507 Addition | |
| TITLE | D | | 2.1 TITLE | | 70 | | . 1 | | ☐ Change | Addition | |
| NAME | ALVAREZ, ERIC | | | | MARTH | | | ABERTO | | 1 | |
| STREET ADDRESS | 13445 SW 90 TERR. | | | 23 STREET ADDRESS 14217 SW 482 St | | | | | | . \ | |
| CITY-ST-ZIP | MIAMI FL | | | T-ZIP | Miam | , 12 | <u> </u> | 3175 | □ 0t | Addition | |
| TITLE | DELETE | | 3.1 TITLE | | D | | | | ☐ Change | Addition | |
| NAME | GLUCK_HAROLD | | 3.2 NAME | | Hende | 艺, | ony | 0.4 | | l | |
| STREET ADDRESS | 9828 MALVERN DRIVE | | 3.3 STREET ADDRESS | | 17410 | սա <u>_</u> լ | BSNG | CG | | | |
| CITY-ST-ZIP | TAMARAC FL | | 3.4. CITY-5 | T-ZIP | <u>Hiami</u> | <u>, Fz</u> | _33 | 015 | | | |
| TITLE | DELETE | | 4.1 TITLE | | | • | | | Change | ☐ Addition | |
| NAME | MARCUS, JOY | | 4. 2 NAME | | | | | | | | |
| STREET ADDRESS | 13105 IXORA COURT | | 4.3 STREE | T ADDRESS | | | | | | | |
| CITY-ST-ZIP | NORTH MIAMI FL | | 4.4 CITY-S | T-ZIP | | | | | | | |
| TITLE | D | DELETE | 5.1 TITLE | | | | | • | Change | ☐ Addition | |
| NAME | WAGNER, RICHARD | ′ | 5.2 NAME | | | | | | | | |
| STREET ADDRESS | 7624 S.W. 108TH TERRACE | | 5.3 STREE | TADDRESS | | | | | | | |
| CITY-ST-ZIP | MIAMI FL | | 5.4 CITY-S | T-ZIP | | | | · | | | |
| TILE | D | ☐ DELETE | 6.1 TITLE | - 1 | | | | | ☐ Change | ☐ Addition | |
| NAME | GARBER, RUDY | 1 | 6.2 NAME | | | | | | | | |
| STREET ADDRESS | 9411 S.W. 61ST STREET | | 6.3 STREE | TADDRESS | | | | | | 1 | |
| CITY-ST-ZIP | MIAMI FL | | 6.4 CITY-S | . 1. | | | | | | ι , | |
| 14 Lhoroby | ertify that the information supplied with this filing doe | s not qualify for the | exempt | ion stated | in Section 11 | 19.07(3)(i) | Florida S | Statutes, I further | certify that the in | formation | |

Indicated on this annual report or supplied with his filling does not qualify for the exemption stated in Section 119.07(3)(f), Fiorida Statutes, I notified certify that the fill report is findicated on this annual report or suppliemental 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, with all other like empowered.

SIGNATURE: