

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08290

FILED
Mar 28, 2005
Secretary of State

Entity Name: DADE COUNTY PHARMACY ASSOCIATION, INC.

Current Principal Place of Business:

621 ISLAND RD
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

621 ISLAND RD
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 59-2535608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUMENTHAL, CARMEN A
621 ISLAND RD
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BLUMENTHAL, CARMEN A, .
Address: 621 ISLAND RD
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: HUMBERTO, MARTINEZ
Address: 14217 SW. 45 ST
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: SMITH, SHARON
Address: 1001 NE 45 CT
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: MARCUS, JOY
Address: 13105 IXORA COURT
City-St-Zip: NORTH MIAMI, FL

Title: D (X) Delete
Name: GARBER, RUDY
Address: 9411 S.W. 61ST STREET
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BLUMENTHAL, CARMEN A
Address: 621 ISLAND RD
City-St-Zip: MIAMI, FL 33137

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN ACEVES BLUMENTHAL

D

03/28/2005

Electronic Signature of Signing Officer or Director

_____ Date