

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90002 042 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P95000067789

1. Corporation Name

MEMORIAL FAMILY PHARMACY, INC.



Principal Place of Business

2919 W SWANN  
 SUITE 101  
 TAMPA FL 33609  
 US

Mailing Address

2919 W SWANN  
 SUITE 101  
 TAMPA FL 33609  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1995

4. FEI Number

59-3334038

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 owes the current year Intangible Personal Property.

Yes

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

MOBLEY, J. NEAL  
 2070 RINGLING BOULEVARD  
 SARASOTA FL 34237

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  DELETE

NAME FRITCH, GUERRY STEVEN  
 STREET ADDRESS 4201 WAYSIDE WILLOW COURT  
 CITY-ST-ZIP TAMPA FL

TITLE D  DELETE

NAME FUCARINO, DAN  
 STREET ADDRESS 3019 PEACOCK LANE  
 CITY-ST-ZIP TAMPA FL 33618

TITLE D  DELETE

NAME BOBO, ABRAHAM ELI  
 STREET ADDRESS 80 LADOGA  
 CITY-ST-ZIP TAMPA FL 33603

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  Change  Addition

1.2 NAME WILLIAMSON, TAMARA L  
 15504 Fernside Ct  
 TAMPA, FL 33647

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/99 813 874-0795

Date

Daytime Phone #

CR2E034 (5/99)

7/14/99 P95000067789  
593286-90002-42

To whom it may concern,

I recently purchased 1/3 of Memorial family pharmacy. When all documents were transferred to me, to the best of my knowledge the annual report document was not included. We are a small florida business trying to compete with the chain drug stores, we appreciate the mailed notice and have included our check. Sorry for any inconvenience.

Sincerely,

Timothy L Williamson

