

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 538548 (9)

1. Corporation Name  
PERSONALIZED PHARMACY SERVICES, INC.



Principal Place of Business

2700 WEST DAVIS BOULEVARD  
FT. LAUDERDALE FL 33312

5770 S.W. 14 St.

Plantation FL 33317

Mailing Address

2700 WEST DAVIS BOULEVARD  
FT. LAUDERDALE FL 33312-2007

3. Date Incorporated or Qualified  
07/01/1977

3a. Date of Last Report  
02/20/1996

2. Principal Place of Business

21 5770 S.W. 14 St.

Suite, Apt. #, etc.

22

City & State

23 Plantation FL

Zip

24 33317

Country

25 Broward

2a. Mailing Address

26 5770 S.W. 14 St.

Suite, Apt. #, etc.

27

City & State

28 Plantation FL

Zip

29 33317

Country

30 Broward

4. FEI Number

59-1745908

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

HITCHCOCK, DAVID JOHN  
2700 WEST DAVIS BOULEVARD  
FT. LAUDERDALE FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5770 S.W. 14 St.

83

84 City

Plantation FL

FL

85 Zip Code

33317

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

1-23-97

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

PD  
HITCHCOCK, DAVID JOHN  
5770 SW 14 ST.  
PLANTATION FL

TITLE NAME ☐ DELETE

SD  
KNOTT, MARY J.  
7951 NW 4 STREET  
PLANTATION FL

TITLE NAME ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-97 954-792-7598

Date

Daytime Phone #

0271150

CR2E034 (9/96)