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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 583828

Principal Place of Business	Mailing Address
848 1ST AVE., N.	848 (ST AVE., N.
NAPLES FL 34102-6063	NAPLES FL 33940-6008
US	

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90069 049 ***158.75

 Corporation 	n Name	,,,,			\		
HARRING	GTON'S PROFESSI	IONAL ARTS P	HARMACY, INC.				
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							TOTAL BOARD (LEA
Principal Place	e of Business	Ma	iling Address			tiddt ible bibli bidli bibli bibli	ardit atait taat
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NAPLES FL 341			PLES FL 33940-6008				
US						RITE IN THIS SPACE	
					3. Date incorporated or Qualife	d .	-
					08/14/1978		
2. Principal P	lace of Business	2a.	Mailing Address		4. FEI Number	⊢	pplied For
21		26			59-1839808		ot Applicable
Suite, Apt.	#, etc.	ļ	Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional equired
22		27	Cit. 9 Ctata				
City & State	е	 1	City & State		6. Election Campaign Financing	, ,	May Be to Fees
Zip	Country	28	Zip	Country	Trust Fund Contribution		10 1-668
⊢ ⊸ '	25	29	2.10	30	 This corporation owes the cu Personal Property Tax. 	irreni year intangible ☐ Yes	□No
24	9. Name and Addres		tered Agent	[30]	10. Name and Address of New		
	J. Nume una Addios	3 Or Current Regist	torea rigent	81 Name		<u>g</u>	
HAY	es, timothy a.			<u> </u>	ayes, Suan		
	1ST AVE. N.			1 1 1 7 7	ddress (P.O. Box Number is Not Accep	Blud.	#905-
NAP	LES FL 34102			83	005 Gulf Sho	70 0.00.	
)							
				84 City	aples	FL 34	Code 1103
11. Pursuant	to the provisions of Section	ons 607.0502 and 60	7.1508, Florida Statu	tes, the above-named c	orporation submits this statement for th	e purpose of changing it	s registered
office or r	egistered agent, ir both, i	in the State of Florid	a. Such change was a	authorized by the corpor	ration's board of directors. I hereby acc	ept the appointment as i	egistered
l agent. La	m tamiliar with and accet	ot the obligations of,	Section 607.0505, Fit	orida Statutes.			
-	m tamiliar with and accep	of the obligations of,	,		i .	1/13/99	
agent. I a	Signature, typed or printed name of	registered agent and fille if	Yapplicable (NOT)	Suann E Registered Agent signature rec	quired when binstaling)	1/13/99	
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SIGNATURE	Signature, typed or printed name of OF	registered agent and fille if	Yapplicable (NOT)	Sugar E: Registered Agent signature rec 13.	uired when Airistating) ADDITIONS/CHANGES TO C	DEFICERS AND DIRECT	ORS IN 12
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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 organ attachment with an address, with all other like empowered.

SIGNATURE:

Suann E Hayes 1/13/99 941-262-1=