PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F05460

1. Corporation Name

PHARMACIST (PRN), INC.

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90023 048 ***150.00



									: 81811 121811 18181
Principal Place	e of Business	Mailing Address			'				
% MICHAEL GR	RAVATT	% MICHAEL GRA	VATT		}				
	STATION ROAD		3320 KNIGHTS STATION ROAD			DO NOT WRITE IN THIS SPACE			
LAKELAND FL 33810 LAKELAND FL 338			810		3 Date II	ncorporated or Qualifed			
US					11/0-	1/1980			
2. Principal Pl	lace of Business	2a. Mailing Addr	ess		4. FEI Nu				pplied For
21	د ما روچ میسیدی بیشی بیشی این در در	26	. ~		- 59-20	039628			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		5. Certifo	ate of Status Desired			Additional Required
City & State	te	City & State			6. Election	n Campaign Financing		\$5.00	May Be
23	•	28			Trust 6	und Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip	Cou	ntry	8. This c	orporation owes the cur	rent year Inta	ingible	ļ
24	25 2930			Personal Property Tax. Yes No					□No
	9. Name and Address of Curre	ent Registered Agent			10. Name	and Address of New	Registered #	gent	
				81 Name	•				
GRAVATT, MICHAEL				82 Stree	t Address (P.O. Bo	ddress (P.O. Box Number is Not Acceptable)			
	NIGHTS STATION ROAD								
LAKI	ELAND FL			83					
	•			84 City				85 Zip	Code
			•] -			FL	'	1
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the oblig	02 and 607.1508, Flori e of Florida. Such chan ations of, Section 607.0	da Statutes, the a ge was authorized 0505, Florida Stati	bove-name I by the cor utes.	d corporation submi poration's board of	ts this statement for the directors. I hereby acce	purpose of option	changing it itment as r	s registered egistered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registered	Agent signature	required when reinstating		DATE		
12.		ND DIRECTORS	13.			ONS/CHANGES TO OF	FICERS AN	D 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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP