

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000005992 (2)**

1. Corporation Name

HEALTHSTAR PHARMACEUTICAL SERVICES, INC.



Principal Place of Business

**971 W. 15TH STREET
P.O. BOX 11148
RIVIERA BEACH FL 33419**

Mailing Address

**971 W. 15TH STREET
P.O. BOX 11148
RIVIERA BEACH FL 33419**

3. Date Incorporated or Qualified

11/21/1994

3a. Date of Last Report

06/13/1995

2. Principal Place of Business

21
Suite, Apt. #, etc.

23
City & State

24
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

28
City & State

29
Zip

30
Country

4. FEI Number

65-0536425

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

PTC
TITLE
NAME **GRABOWSKI, WILLIAM J**
STREET ADDRESS **139 SUNRISE AVE. #208**
CITY-ST-ZIP **PALM BEACH FL 33480**
☒ DELETE

EVD
TITLE
NAME **HUSSEY, RICHARD P**
STREET ADDRESS **8656 S.E. NORTH PASSAGE WAY**
CITY-ST-ZIP **TEQUESTA FL 33469**
☐ DELETE

S
TITLE
NAME **SARGENT, C. FORBES III**
STREET ADDRESS **25 CANTON AVE.**
CITY-ST-ZIP **MILTON MA 02186**
☒ DELETE

V
TITLE
NAME **POYNTER, RICHARD Q**
STREET ADDRESS **711 PINEHURST WAY**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**
☐ DELETE

V
TITLE
NAME **BASEMAN, HAROLD**
STREET ADDRESS **6146 WOOD CREEK COURT**
CITY-ST-ZIP **JUPITER FL 33458**
☐ DELETE

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Chairman of the Board ☐ Change ☒ Addition
Terence D. Wall
160 Lloyd Road
Montclair, NJ 07042

President ☒ Change ☐ Addition
Richard P. Hussey
8656 S.E. North Passage Way
Tequesta, FL 33469

Exec. V.P./Secretary/Treasurer ☐ Change ☒ Addition
Anthony J. Dimun
46 Parsonage Hill Road
Short Hills, NJ 07078

Vice President ☐ Change ☒ Addition
David McCallister
1280 Bear Island Drive
West Palm Beach, FL 33409

Assistant Secretary/Ass't. Treasurer ☐ Change ☒ Addition
Rory Cole
445 Alps Road
Wayne, NJ 07470

Ass't. Secretary/Ass't. Treasurer ☐ Change ☒ Addition
Richard Gordon
121 Cheyenne Way
Wayne, NJ 07470

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Date

Daytime Phone

3/13/96 (201) 7901330 ext. 371

CR2E034 (12/95)