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Mar 07 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 # 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 33419-1148

3. Date Incorporated or Qualified  
11/21/1994

3a. Date of Last Report  
04/16/1996

2. Principal Place of Business

21 1006 W. 15th Street

Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 P O Box 11148

Suite, Apt. #, etc.

27 City & State

28 Zip

29 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

TITLE COB  
NAME WALL, TERENCE D.  
STREET ADDRESS 160 LLOYD ROAD  
CITY-ST-ZIP MONTCLAIR NJ ☐ DELETE

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

TITLE EVST  
NAME DIMUN, ANTHONY  
STREET ADDRESS 46 PARSONAGE HILL ROAD  
CITY-ST-ZIP SHORT HILLS NJ ☐ DELETE

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

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

TITLE ASAT  
NAME GORDON, RICHARD  
STREET ADDRESS 121 CHEYENNE WAY  
CITY-ST-ZIP WAYNE NJ ☐ DELETE

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 844-3221

CR2E034 (9/96)