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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600001416

1. Corporation Name

PATIENT CARE PHARMACY, INC.

Principal Place	e of Business	Ma	ailing Address					\$ 1881/88 1/18 \$4/16 \$1/11 B	4 (1) 4 5 (2) 8 5 (3) 4 6 (1) (#19#1 II	
10065 RED RUN			65 RED RUN BOUL									
OWINGS MILLS	MU 21117	OW	INGS MILLS MD 21	1117				DO NOT	WRITE IN THIS	SPACE	Ē	
							Ī	 Date Incorporated or Qua 03/20/1996 	alifed			
2. Principal Pl	lace of Business	2a.	Mailing Address			-		4. FEI Number			App	lied For
21		26						95-3888200			Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				ļ	5. Certifcate of Status Desir	red 🗌		75 Ad se Req	dditional
22 City 8 Capt		27	City & State					6. Election Campaign Finar	nina			May Be
City & State	e	28	Ony a Outo					Trust Fund Contribution			ded to	
Zip	Country	20	Zip		Country			8. This corporation owes the	e current year Inf	angible		
24	25	29		30				Personal Property Tax.		☐ Yes		□No
	9. Name and Address of Curre	nt Regis	tered Agent					10. Name and Address of I	New Registered	Agent		
СТ	CORPORATION SYSTEM				81	Name						
1200 SOUTH PINE ISLAND ROAD			82	Street	Address	(P.O. Box Number is Not A	cceptable)					
PLAN	NTATION FL 33324				83						•	
					84	City			FL	85	Zip C	ode
44 Burguent	to the provisions of Sections 607.05	02 and 6	07 1508 Florida S	itatutes	the abov	e-named	corpora	tion submits this statement for	or the purpose of	changi	ng its r	egistered
office or ri	registered agent, or both, in the State im familiar with, and accept the obligations.	of Florid	ia. Such change w	/as auth	orized by	the corp	oration's	board of directors. I hereby	accept the appoi	intment	as regi	istered
SIGNATURE												
	Circulture has ad as printed power of registered pos-	oot and title i	if anolicable	NOTE: Re	nistered Aner	it signatura	required wh	en reinstatino)	DATE			
	Signature, typed or printed name of registered age OFFICERS AI			(NOTE: Re	gistered Age	it signature	required wh	en reinstating) ADDITIONS/CHANGES T		ND DIRE	CTOF	RS IN 12
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14. 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

May 03, 1999 8:00 am Secretary of State

05-03-1999 90009 040 ***150.00