

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J53871

1. Corporation Name

PHARMACIST-ANCE INC.

Principal Place of Business

354 SHEFFIELD CIR.
PALM HARBOR FL 34683
US

Mailing Address

354 SHEFFIELD CIR.
PALM HARBOR FL 34683
US

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90047 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1987

4. FEI Number

59-2761723

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 7108 Fairway Dr

Suite, Apt. #, etc.

22 #290

23 Palm Beach Gardens FL

24 33418 25 US

2a. Mailing Address

26 7108 Fairway Dr

Suite, Apt. #, etc.

27 #290

28 Palm Beach Gdns FL

29 33418 30 US

9. Name and Address of Current Registered Agent

GROSS, JOHN R.
354 SHEFFIELD CIRCLE
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name Morton Fishman
82 Street Address (P.O. Box Number is Not Acceptable) 7108 Fairway Dr #290
83
84 City Palm Beach Gardens FL 85 Zip Code 33418

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

Morton Fishman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GROSS, KAREN B.	
STREET ADDRESS	354 SHEFFIELD CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GROSS, JOHN R.	
STREET ADDRESS	354 SHEFFIELD CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Morton Fishman	
1.3 STREET ADDRESS	11 St James Dr	
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Melanie Fishman	
2.3 STREET ADDRESS	11 St James Dr	
2.4 CITY-ST-ZIP	Palm Beach Gdns FL 33418	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

Morton Fishman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

DayTime Phone #

5616244334

CR2E034 (11/98)