

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED  
AND  
FILED

1996 JUN 17 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT #

1. Corporation Name

M 05748

PCA Family Pharmacy, Inc.

Principal Place of Business

5835 Blue Lagoon Dr., Suite 200

MIAMI FL 33126

Mailing Address

5835 Blue Lagoon Dr., Suite 200

MIAMI FL 33126

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MENENDEZ, JOSE M., ESQ.

5835 BLUE LAGOON DR.  
Suite 200  
Miami, FL 33126

3. Date Incorporated or Qualified

07/26/84

3a. Date of Last Report

06/24/95

4. FEI Number

59-2449754

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

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

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

S  
MENENDEZ JOSE M.  
5835 Blue Lagoon Dr.  
Miami, FL 33126

☐ DELETE

PD  
HOURANI, EIAS M  
5835 Blue Lagoon Dr.  
Miami, FL 33126

☐ DELETE

TD  
DONNELLY, CLIFFORD, W  
5835 Blue Lagoon Dr.  
Miami, FL 33126

☐ DELETE

DC  
KLISSANLY, PETER E  
5835 Blue Lagoon Dr.  
Miami, FL 33126

☐ DELETE

T  
PEREZ, EDUARDO  
5835 Blue Lagoon Dr.  
Miami, FL 33126

☐ DELETE

S  
HAGEMAN, JOHN, A  
5835 Blue Lagoon Dr.  
Miami, FL 33126

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

000001863900

-06/17/96--01048--014 Addition

\*\*\*\*\*225.00 \*\*\*\*\*225.00

000001863900

-06/17/96--01048--015

\*\*\*\*\*8.75 \*\*\*\*\*8.75

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0037431 CP

CR2E034 (3/96)