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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # M14373

1. Corporation Name

PASTEUR DELIVERY SYSTEMS INCORPORATED

Principal Place of Business

ONE ALHAMBRA PLAZA
SUITE 1000
CORAL GABLES FL 33134

Mailing Address

ONE ALHAMBRA PLAZA
SUITE 1000
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1985

4. FEI Number

59-2560480

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 8701 SW 137th Avenue
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 830010
Suite, Apt. #, etc.

22 200
City & State

27
City & State

23 Miami, FL
Zip

28 Miami, FL
Zip

24 33133
Country

29 33133-0010
Country

9. Name and Address of Current Registered Agent

STERNSTEIN, GERALD B
314 NORTH CALHOUN STREET
TALLAHASSEE FL 32301

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 PTD ☐ DELETE
NAME RIMMER, KENNETH
STREET ADDRESS ONE ALHAMBRA PLAZA, SUITE 1000
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VS ☐ DELETE
NAME ARRINGTON, R.J. JR., MD
STREET ADDRESS ONE ALHAMBRA PLAZA, SUITE 1000
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition
1.2 NAME Rimmer, Kenneth
1.3 STREET ADDRESS 8701 SW 137 Avenue, Ste 200
1.4 CITY-ST-ZIP Miami, FL 33183

2.1 TITLE VS ☒ Change ☐ Addition
2.2 NAME Arrington, R.J. Jr., MD
2.3 STREET ADDRESS 8701 SW 137 Avenue, Ste 200
2.4 CITY-ST-ZIP Miami, FL 33183

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 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: *[Signature]* CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)