## 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 # M34674 1. Corporation Name

SUNCOAST PHARMACY, INC.

FILED									
Feb 08, 1999 8:00am									
Secretary of State									

02-08-1999 90040 030 \*\*\*150.00

	*.	•							
Principal Plac	e of Business	Mailing Addr	ess				, , , , , , , , , , , , , , , , , , ,	01) B/8/1 (00)	
9060 KIMBERLY BLVD 9060 KIMBERLY BLVD.									
SUITE 38	:	SUITE 38				DO NOT WRITE IN THIS SPACE			
BOCA RATON FL 33434 US BOCA RATON FL 33434 US						3. Date Incorporated or Qualifed			
•						07/03/1986			
2. Principal P	lace of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number	App	lied For	] :
21	•	26	26			59-2701205	Not	Applicable	,
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		1
22		27	27			5. Certificate of Status Desired	Fee Rec	uired .	
City & Stat	te	City & St	City & State			6. Election Campaign Financing	\$5.00 #	May Be	
23		28	28			Trust Fund Contribution	Added to	Fees	1
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible			
24	25	29	9 30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Curr		nt .			10. Name and Address of New Registered	Agent		1
	· 1000 1000 1000 1000 1000 1000 1000 10	it will re- materials		81	Name				
	LOW, JEFFREY M.	_		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			1
	DE HALLANDALE BEACH BL\	VD.		62	Street Addit	ESS (1.0. DOX 14dinber is 14di Acceptable)	5 7 W 414 A17 4		
HAL	Landale fl 33009			83					
							7 <u>41.</u> \$1871 \$1871 ?	\$11 \$ 'Bet 1255	-
				84	City	FL	85 Zip C		
11 Pursuant	to the provisions of Sections 607.0	502 and 607.1508, F	lorida Statutes, th	e above	-named corpo	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changing its	egistered	1
office or i	registered agent, or both, in the Sta	ate of Florida: Such cl	hange was authori 07 0505 : Florida S	ized by t Statutes	the corporatio	on's board of directors. I hereby accept the appo	intment as reg	istered	
	in raminal with and accept the obj	15.	57.0500, 1 lollage C						
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Regist	tered Agent	t signature required	d when reinstating) DATE	•		١,
12.		AND DIRECTORS	1	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	PD		DELETE 1	.1 TITLE		and the state of	☐ Change	Addition	
NAME	ACKERMAN, HOWARD		. 1	.2 NAME					
STREET ADDRESS	651161 466 11/41/	*	1	.3 STREET	ADDRESS		•		
CITY-ST-ZIP	BOCA RATON FL		1	.4 CITY-ST	-7IP	*	-		
TITLE	STD			1 TITLE	-		Change	Addition	1 (
NAME	ACKERMAN, ARLENE		,	.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS						
	BOCA RATON FL				1	*	•		
CITY-ST-ZIP	BUCA RATUN FL.			. 4 CITY-\$1 .1 TITLE	I-ZIP	· · · · · · · · · · · · · · · · · · ·	Change .	Addition	1
TITLE	BE WELL OF			.1 IIILE		· :			
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CITY-ST-ZIP	<u> </u>	· -		.4. CITY- \$1	r-ZIP	- The American Amer	Change -	Addition	+
TITLE		L	•	.1 TITLE		general control general way in Stiff Ling.	₹ □ Culanda	, L. HUUIGOII	1
NAME			1	. 2 NAME		•			
STREET ADDRESS		384	•	.3 STREET	ADDRESS				1
CITY-ST-ZIP		francis e		.4 CITY-ST	-ZIP		C Ohana	€ A Julion	1
TITLE		. · L		I TITLE			Change	Addition	
NAME :	1			i.2 NAME					
STREET ADDRESS	No.		5	.3 STREET	ADDRESS			•	-
CITY-ST-ZIP	20			.4 CITY-ST	-ZIP				] ,
πιε	Profest of the Car		DELETE 6	i.1 TITLE		<u> </u>	□ Change	☐ Addition	
NAME	1、12万万种花、竹。		6	.2 NAME		y Comment			
STREET ADDRESS	最高。2.4acxxxxx		6	.3 STREET	ADDRESS				1
CITY-ST-ZIP	Viole Is a		6	i.4 CITY-ST	-ZIP				
Control Children	and the state of t								_

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 of trustee simple wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing on an attackment with a address, with all other like empowered.

SIGNATURE

1/19/99 361-488-5600 Date Daytime Phone #