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 # M45793

1. Corporation	n Name							
UNION CITY PHARMACY, INC.								
							. 14874861 112 #1681 11111 HERIO (BIOR 1111 HIBIT HIBIT HIBIT	
								8 8 2 8 88
Principal Place	of Business		Mailing Address					WIWII 7:81) 76
7880 CORAL WAY		7880 CORAL WAY						
MIAMI FL 33155		MIAMI FL 33155						
MIAMITIC 00/30						DO NOT WRITE IN THIS SPACE		
							Date Incorporated or Qualifed	
							01/30/1987	
2. Principal Place of Busine		ss 2a. Mailing Address				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	pplied For	
21		26				00 2.00000	lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			I & Cortificate of Status Desired I I	Additional		
22		27			, Fee R	Required		
City & State		City & State				May Be		
23		28			Trust Fund Contribution Added	to Fees		
Zip		Country	Zip	_	Country		8. This corporation owes the current year Intangible	
24	2	5	29	3	0		Personal Property Tax. Yes	□No
	9. Name a	nd Address of Current	Registered Agent				10. Name and Address of New Registered Agent	 -
MED	INO ADUAN	ıno.	ř		81	Name		
MERINO, ARMAN					82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
7880 CORAL WA MIAMI FL 33155		ı.I					the second of th	
MIAN	MI FL 33 133			•	83		。 《李····································	
					84	City		Code
						•	FL 1	
11. Pursuant	to the provisio	ns of Sections 607.0502	2 and 607.1508, Florid	da Statutes	, the above	-named corp	oration submits this statement for the purpose of changing it on's board of directors. I hereby accept the appointment as r	s registered
l office or re	egistered ager	it, or both, in the State o	of Fiorida. Such chang					
agent, I a	m familiar with	, and accept the obligat	ions of, Section 607.0	505, Florid	la Statutes.		, , ,,	•
agent. I ai	m familiar with	, and accept the obligat	ions of, Section 607.0	505, Florid	da Statutes.		, , ,	
agent. I ai	m familiar with	, and accept the obligat	ions of, Section 607.0	Jouo, Mond	la Statutes.		d when reinstating) 7 DATE	•.
agent. I ai	m familiar with	, and accept the obligat	t and title if applicable. D DIRECTORS	(NOTE: R	tegistered Agent		d when reinstating) , DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
agent. I ai	m familiar with Signature, typed or	printed name of registered agent	t and title if applicable. D DIRECTORS	Jouo, Mond	tegistered Agent 13. 1.1 TITLE		d when reinstating) 7 DATE	ORS IN 12
agent, I all SIGNATURE	Signature, typed or P ARMANDO	printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS	(NOTE: R	tegistered Agent		d when reinstating) , DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
agent, I all SIGNATURE	Signature, typed or P ARMANDO 7880 COR	printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS	(NOTE: R	tegistered Agent 13. 1.1 TITLE	t signature required	d when reinstating) , DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
agent. I ai SIGNATURE 12. TITLE NAME	Signature, typed or P ARMANDO	printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS	(NOTE: R	tegistered Agent 13. 1.1 TITLE 1.2 NAME	t signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or P ARMANDO 7880 COR	printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS	(NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature required	d when reinstating) , DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS GITY-ST-ZIP	Signature, typed or P ARMANDO 7880 COR	printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS	(NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
agent. Fail SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or P ARMANDO 7880 COR	printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS	(NOTE: R	tegistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	t signature required ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
agent. Fail signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or P ARMANDO 7880 COR	printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS D DI	(NOTE: R	tegistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	t signature required ADDRESS - ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12 Addition
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or P ARMANDO 7880 COR	printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS D DI	(NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	t signature required ADDRESS - ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12 Addition
agent. Fail signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or P ARMANDO 7880 COR	printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS D DI	(NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST	t signature required ADDRESS - ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12 Addition
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or P ARMANDO 7880 COR	printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS D DI	(NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE	t signature required ADDRESS - ZIP ADDRESS T- ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12 Addition Addition
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or P ARMANDO 7880 COR	printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS D DI	(NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME	ADDRESS 1-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECT Change	ORS IN 12 Addition Addition
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or P ARMANDO 7880 COR	printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS D DI	(NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS 1-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12 Addition Addition
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or P ARMANDO 7880 COR	printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS D DI	(NOTE: R ELETE ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S'	ADDRESS 1-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECT Change	ORS IN 12 Addition Addition
agent. Fail signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or P ARMANDO 7880 COR	printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS D DI	(NOTE: R ELETE ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	ADDRESS - ZIP ADDRESS T- ZIP ADDRESS T- ZIP	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECT Change	ORS IN 12 Addition Addition
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or P ARMANDO 7880 COR	printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS D DI	(NOTE: R ELETE ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S' 4.1 TITLE 4.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECT Change	ORS IN 12 Addition Addition
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or P ARMANDO 7880 COR	printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS D DI D D D D	(NOTE: R ELETE ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECT Change	ORS IN 12 Addition Addition
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or P ARMANDO 7880 COR	printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS D DI D D D D	(NOTE: R ELETE ELETE ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTION Change Change	ORS IN 12 Addition Addition
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or P ARMANDO 7880 COR	printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS D DI D D D D	(NOTE: R ELETE ELETE ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS/CHANGES TO OFFICERS AND DIRECTIONS/Change Change Change	ORS IN 12 Addition Addition
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or P ARMANDO 7880 COR	printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS D DI D D D D	(NOTE: R ELETE ELETE ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.1 TITLE 4.2 NAME 5.1 TITLE 5.1 TITLE 5.2 NAME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTION Change Change	ORS IN 12 Addition Addition Addition
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or P ARMANDO 7880 COR, MIAMI FL	printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS D DI D DI D DI D D D D D D D D	(NOTE: R ELETE ELETE ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS/CHANGES TO OFFICERS AND DIRECTIONS/Change Change Change	ORS IN 12 Addition Addition Addition
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or P ARMANDO 7880 COR	printed name of registered agent OFFICERS ANI	t and title if applicable. D DIRECTORS D DI D DI D DI D D D D D D D D	(NOTE: RELETE ELETE ELETE ELETE ELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 5.4 CITY-ST 5.5 TITLE 5.5 NAME 5.5 STREET 5.6 CITY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTION Change Change	ORS IN 12 Addition Addition Addition

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 teport 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 received or trusteel 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90024 016 ***150.00