2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # M96309** 1. Entity Name W. & W. MEDICAL CENTER PHARMACY, INC. Mailing Address Principal Place of Business 113 MEDICAL CENTER AVE 113 MEDICAL CENTER AVE SEBRING FL 33870 SEBRING FL 33870-5423 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

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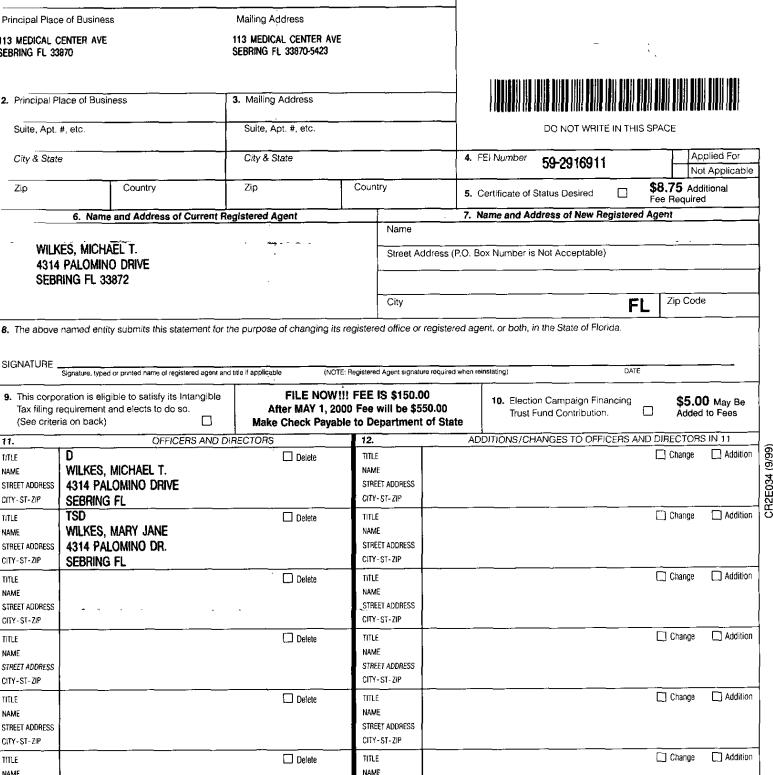
Name

City

Zip

FILED Mar 20, 2000 8:00 am Secretary of State

03-20-2000 90009 003 ***150.00



13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

City & State

Country

WILKES, MICHAEL T.

4314 PALOMINO DRIVE SEBRING FL 33872

9. This corporation is eligible to satisfy its Intangible

WILKES, MICHAEL T.

WILKES, MARY JANE

4314 PALOMINO DR.

4314 PALOMINO DRIVE

Tax filing requirement and elects to do so.

SEBRING FL

SEBRING FL

(See criteria on back)

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

DITTE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

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CITY-ST-ZIP

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