06071999-90012-034-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 OCT -7 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005120

1. Corporation Name

Procare Community Pharmacy, Inc.

Principal Place of Business / Mailing Address

7859 NW. 15 Street, Suite C Principal address
Miami, Fl. 33126 Same mailing address

10/7/99 900120 034 $61.25

2. Principal Place of Business	2a. Mailing Address
21 7859 N.W. 15 Street	26 7859 N.W. 15 Street
22 Suite C	27 Suite C
23 Miami, Florida	28 Miami, Florida
24 Zip 33126 25 Country USA	29 Zip 33126 30 Country USA

3. Date Incorporated or Qualified: 9/8/98

4. FEI Number: 65-0919861 — 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

7. Name and Address of Current Registered Agent

Susan Menendez
7859 N.W. 15 Street
Suite C
Miami, Fl. 33126

10. Name and Address of New Registered Agent

01 Name: Tony Novoa
02 Street Address (P.O. Box Number is Not Acceptable): 7859 N.W. 15 Street
03 Suite C
04 City: Miami FL 05 Zip: 33126

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0505, Florida Statutes.

SIGNATURE: Tony Novoa, R.A. 5-18-99

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Susan Menendez 7859 N.W. 16th Street Miami, Fl. 33126	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Drumnia Novoa 7859 N.W. 15 Street Miami, Fl. 33126	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Eduardo Betaval 7859 N.W. 15 Street Miami, Fl. 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Carlos Menendez 7859 N.W. 15 Street Miami, Fl. 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Tony Novoa 7859 N.W. 15 Street Miami, Fl. 33126	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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 617, 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: Vice President, Tony Novoa 5-18-99 (305)477-0001

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