## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999

Oringinal Olege of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State** 

02-16-1999 90005 033 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000042008

SOUTH BROWARD MEDICAL ARTS PHARMACY, INC.

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						3. Date Incorporated or Qualifed				ı
	·					06/07/1993			P 15	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		<del></del>	olied For	8
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City & Sta	ite .					6. Election Campaign Financing Trust Fund Contribution		Added to	•	ı
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24	25 29 29 9. Name and Address of Current Registered Age			<del> </del>		10. Name and Address of New F	egistered A			i
	9. Name and Address of Curren	nt Registered Agent		81	Name	To. Hallo dila Adoless of Now .	ogiotorou r	184		I
СТ	CORPORATION SYSTEMS									i
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office or agent. I a	f to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga-	of Florida. Such change was	authorize	ed by the	named corp e corporation	oration submits this statement for the on's board of directors. I hereby accep	purpose of on the purpoin	thanging its it the thanging its it the than the than the than the than the than the the than the than the than the the the than the	registered Jistered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registere	d Agent si	ignature require	d when reinstating)	DATE			â
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN			11798
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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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

NAME OF SIGNING OFFICER OR DIRECTOR

36z-2358

☐ Change

Addition