

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000042756 (5)

1. Corporation Name

CREATIVE PHARMACY SERVICES, INC.



Principal Place of Business

Mailing Address

1001 N.W. 54 STREET  
MIAMI FL 33127  
US

10800 NW 17TH AVENUE  
MIAMI FL 33167

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GAITER, FRANCES W  
10800 NW 17TH AVENUE  
MIAMI FL 33167

3. Date Incorporated or Qualified  
06/16/1993

3a. Date of Last Report  
08/03/1995

4. FEI Number  
65-0489590

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

8. This corporation has liability for intangible tax under s. 193.03?  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and their appointment

(Public. Registered Agent's signature required when making change)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	GAITER, FRANCES	10800 NW 17TH AVENUE	MIAMI FL 33167	<input type="checkbox"/>
P	WHITE, WILLIARD THOMA	10800 N.W. 17TH AVENUE	MIAMI FL	<input type="checkbox"/>
S	WHITE, PAULETTE NADIN	11001 N.W. 17TH AV.	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11	12	13	14	<input type="checkbox"/>
21	22	23	24	<input type="checkbox"/>
31	32	33	34	<input type="checkbox"/>
41	42	43	44	<input type="checkbox"/>
51	52	53	54	<input type="checkbox"/>
61	62	63	64	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Frances W. Gaiter / Frances W. Gaiter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/07/96 (305)  
757-0146

CR2E034 (3/96)