## 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 # P93000042756

1. Corporation Name

CREATIVE PHARMACY SERVICES, INC.

Mailing Address Principal Place of Business 10800 NW 17TH AVENUE 1001 N.W. 54 STREET

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90026 042 \*\*\*158.75



MIAMI FL 33127					DO NOT WRITE IN THIS SPACE			
US					3. Date incorporated or Qualifed			
					06/16/1993			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		1	applied For
Fire a state of the					65-0489590			lot Applicable
					03 0403330			Additional
Suite, Apt. #, etc.   Suite, Apt. #, etc.   27					5. Certificate of Status Desired		• -	Required
City & State City & State					6. Election Campaign Financing		\$5.00	) May Be - ↓
23 Miami. 1-L. 28.					Trust Fund Contribution	L-J	Added	to Fees
Zip Country Zip					8. This corporation owes the curre	ent year Inta	angible	
24 33/	42 🖾 U.S.A	29 30	)		Personal Property Tax.		Yes	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered /	Agent	
GAITER, FRANCES W				Name				
				Stroot Add	dress (P.O. Box Number is Not Accepta	hle)		
10800 NW 17TH AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)				}
MIAMI FL 33167			83	<del></del>				
			84	City		FL	85 Zip	Code
A Disputed to the application of Southern 607 0502 and 607 1508 Elegida Statutes the above named corporation submits this statement for the purpose of changing its registered								
I office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's poard of directors. I necessity 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 redistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE								
				t signature requi	ADDITIONS/CHANGES TO OFF		D DIRECT	ORS IN 12
12.		DELETE	13.		ADDITIONS/CHANGES TO OFF	IOLINO AIL	Change	
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NAME	GAITER, FRANCES		1.2 NAME					ţ
_STREET ADDRESS	10800 NW 17TH AVENUE		1.3 STREET	ADDRESS				ł
CITY-ST-ZIP	MIAMI FL 33167		1.4 C/TY-S	r-ZIP			<u> </u>	
TITLE	P	☐ DELETE	2.1 TITLE	1.	Mr	A	Change	Addition
NAME .	WHITE, WILLIARD THOMA 10800 N.W. 17TH AVENUE			10	Uhite, Willard T	HOM	as	
STREET ADDRESS				ADDRESS	, ,			
CITY-ST-ZIP,	MIAMI FL		2.4 CITY-S	T-ZIP				
TITLE	\$ ;	☐ DELETE	3.1 TITLE	_			Change	Addition
NAME -	GAITER, FRANCES			· ** · · · · · · · · · · · · · · · · ·	*	··· 1	~	
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NAME	GAITER, FRANCES		4, 2 NAME	i	•			ĺ
STREET ADDRESS	10800 NW 17TH AVE		4.3 STREET	ADDRESS				ſ
!'	MIAMI FL 33167		4.4 CITY-S					
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STREET ADDRESS			5.4 CITY-S	Î				į
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	1-217			Change	Addition
TITLE		☐ DETEIE	P	}			C Shariye	
NAME			6.2 NAME					ł
STREET ADDRESS			6.3 STREET	- 1				ļ
CITY-ST-ZIP			6.4 CITY-S		<u>.                                    </u>			
44 I barabu a	الغارب امرمان عربي حرائه مستحرث مراد في ماذ والمناس	this files does not suglify for th	o ovomnti	an stated in	Section 119 07(3)(i) Florida Statutes I	further cor	tify that the	intermetion

indicated on this annual report or supplied with this timing does not quality for the exemption stated in Section 13.07(5)(f), Fiorida Statutes. I find the timing does not quality for the exemption of 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.