

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90008 003 ***150.00

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1. Entity Name
CREATIVE PHARMACY SERVICES, INC.



Principal Place of Business
**9920 N.W. 27 AVE.
MIAMI, FL 33147 US**

Mailing Address
**PO BOX 680010
MIAMI, FL 33168**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0489590

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GAITER, FRANCES
STREET ADDRESS	10800 NW 17TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	P
NAME	WHITE, WILLARD T
STREET ADDRESS	10800 N.W. 17TH AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	GAITER, FRANCES
STREET ADDRESS	10800 NW 17TH AVE
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	T
NAME	GAITER, FRANCES
STREET ADDRESS	10800 NW 17TH AVE
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

01/06/05 (305) 685-6795
Date Daytime Phone #