PROFIT CORPORATION ANNUAL REPORT 1997		Sandra B. Secretary DIVISION OF C	TMENT OF STATE . Mortham y of State :ORPORATIONS		1997 8:00an ary of State
OCUMENT # P930(Corporation Name HOME PHARMACY OUTPATIENT			· .		
ncipa' Place of Business 3 NW 12TH STREET 39 Mil FL 33126	6323 N #109	g Address IW 12TH STREET FL 33128-1839		3. Date Incorporated or Qualified	WOLD 4-2-97
				12/17/1993	02/14/1996
Principal Place of Business	2a. Ma	ailing Address		4, FEI Number 65-0456993	Applied For Not Applicable
Sule, Apt. #, etc.		ite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	27 Cit	ty & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
Zip Country	28 Zip	<u> </u>	Country	Trust Fund Contribution	Added to Fees
25	29	Ì	30	 This corporation has liability for Florida Statutes 	Yes No
9. Name and Address of Cu HALPERIN, IRWIN	rrent Registere	od Agent	81 Name	10. Name and Address of New R	egistered Agent
SUDE 3600					
SUITE 3600 MIAMI FL 33126	0502 and 607.1	1508, Florida Statute	83 84 City 25, the above named cor	poration submits this statement for the	FL 85 Zip Code purpose of changing its registered
MIAMI FL 33128 Pursuant to the provisions of Sections 607 office or registered agent, or both, in the S agent 1 am familiar with, and accept the o SNATURE	itate of Florida. I bligations of, Se	Such change was a ection 607.0505, Flo	84 City ss, the above-named cor ulthorized by the corpora rida Statutes.	ation's board of directors. I hereby acce	FL purpose of changing its registered apt the appointment as registered
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