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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90245 018 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000003932

1. Corporation Name

MEDICATION MANAGEMENT TECHNOLOGIES, INC.

Principal Place of Business
12920-M AUTOMOBILE BLVD.
CLEARWATER FL 34622

Mailing Address
12920-M AUTOMOBILE BLVD.
CLEARWATER FL 34622



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1994

4. FEI Number

59-3308518

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIEGEL, TODD OR DIVINE D
12920 AUTOMOBILE BLVD
CLEARWATER FL 34622

81 Name

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

83

84 City

FL 85 Zip Code
33762

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

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

Todd ESiegel
(NOTE: Registered Agent signature required when reinstating)

4/24/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CEOD S** ☐ DELETE
NAME **SIEGEL, TODD T**
STREET ADDRESS **12920 AUTOMOBILE**
CITY-ST-ZIP **CLEARWATER FL**

1.1 TITLE **S** ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **33762**

TITLE **P** ☐ DELETE
NAME **FELIX, MICHAEL**
STREET ADDRESS **12920 AUTOMOBILE BLVD**
CITY-ST-ZIP **CLEARWATER FL**

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS **12910**
2.4 CITY-ST-ZIP **33762**

TITLE **SDT** ☒ DELETE
NAME **CONROY, MICHAEL**
STREET ADDRESS **12920 AUTOMOBILE BLVD**
CITY-ST-ZIP **CLEARWATER FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **STANTON, JOHN**
STREET ADDRESS **12920 AUTOMOBILE BLVD**
CITY-ST-ZIP **CLEARWATER FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Michael Siegel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99
Date

Daytime Phone #

CR2E034 (11/98)