

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 02 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P94000003960 (9)

1. Corporation Name

MEDICATION MANAGEMENT SYSTEMS, 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

59-3228602

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current 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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CEOD ☐ DELETE

NAME TODD, SIEGEL T
STREET ADDRESS 12920 AUTOMOBILE BLVD.
CITY - ST - ZIP CLEARWATER FL

TITLE P ☐ DELETE

NAME FELIX, MICHAEL
STREET ADDRESS 12920 AUTOMOBILE BLVD
CITY - ST - ZIP CLEARWATER FL

TITLE SDT ☐ DELETE

NAME CONROY, MICHAEL
STREET ADDRESS 12920 AUTOMOBILE BLVD
CITY - ST - ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME STANTON, JOHN
STREET ADDRESS 12920 AUTOMOBILE BLVD
CITY - ST - ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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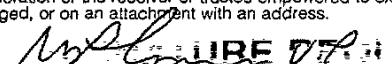
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

0400168

CR2E034 (10/97)