## 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 # P9400003960

1. Corporation Name

MEDICATION MANAGEMENT SYSTEMS, INC.

rincipal Place of Business	Mailing Address			
920-m automobile blvd.	12920-M AUTOMOBILE BLVD.			
Learwater fl. <del>34622 -</del>	Clearwater FL 3 <del>4622 -</del>			

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90245 019 \*\*\*150.00



Principal Place	e of Business	Mailing Address		-,-,-				)	11
12920-M AUTOMOBILE BLVD. CLEARWATER FL 34622- CLEARWATER FL 34622-						DO NOT WRITE IN TH	IS SPACE		
						3. Date Incorporated or Qualifed			
						01/18/1994			}
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	1 7	Applied For	
21		26				59-3228602		Not Applicab	le _
<del></del>	Suite, Apt. #, etc. Suite, Apt. #, etc.					E Cortificate of Status Desired		Additional	
22	27					5. Certificate of Clarida Desired	Fee	Fee Required	
City & State City & State					6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution		d to Fees	
Zip ├──┐ ➡つっ	Country	Zip 320/5 [	Coun	try		8. This corporation owes the current year		□No	- (
24 33	762 25	29 33762 30	L		· · · · · · · · · · · · · · · · · · ·	Personal Property Tax.  10. Name and Address of New Registere	Yes	LINO	_
	9. Name and Address of Current	Registered Agent	-	81 Nam		10. Name and Address of New Registere	u Agent		$\dashv$
SIEG	EL, TODD OR DIVINE D			110,,,					
12920 AUTOMOBILE BLVD			ſ	82 Stree	et Addre	ess (P.O. Box Number is Not Acceptable)			Ì
	ARWATER FL 34622		ŀ	83					$\dashv$
									_
1 -			Ţ	84 City		F	85 Zi	р Code <b>3</b> 7 6 2—	
44 Durauant	to the provisions of Sections 607 0503	and 607 1508 Elorida Statutes	the ah	Ove-name	ed corno			its registered	$\dashv$
office or n	egistered agent, or both, in the State of	f Florida. Such change was author	rized	by the co	rporation	pration submits this statement for the purpose n's board of directors. I hereby accept the app	ointment as	registered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statu	es.		4/24/20			
SIGNATURE	Signature, typed or printed name of registered agent	Jodd E	istered /	nent stonatu	re required	when reinstating) DATE			j.
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12	
TITLE	CEODS	☐ DELETE	1.1 1111	E	2		☐ Chang	e 🙀 Addit	ion
NAME	TODD, SIEGEL T		1.2 NAME						- [ ]
STREET ADDRESS	12920 AUTOMOBILE BLVD.		1.3 STF	REET ADDRES	ss				;
CITY-ST-ZIP	CLEARWATER FL		1.4 C(T	Y-ST-ZIP		33762			_
TITLE	P	☐ DELETE	2.1 T/TL	.E			Chang	e <b>∑</b> Addit	ion
NAME	FELIX, MICHAEL		2.2 NAM	ME					\
STREET ADDRESS	_12920-AUTOMOBILE-BLVD ~		-2.3 STF	REET ADDRES	ss -1-	2610-			
CITY-ST-ZIP	CLEARWATER FL		2. 4 CIT	Y-ST-ZIP		33762			
TITLE	SDT	DELETE	3.1 TITL	E			Chang	je 🗌 Addii	tion
NAME	CONROY, MICHAEL	/ `	3.2 NAME						Ì
STREET ADDRESS	12920 AUTOMOBILE BLVD		3.3 STREET AD		ss				
CITY-ST-ZIP	CLEARWATER FL			Y-ST-ZIP					
TITLE	D	DELETE	4.1 TIT	Æ	-		☐ Chang	e	ion
NAME	STANTON, JOHN	/ \	4. 2 NAME						- }
STREET ADDRESS	12920 AUTOMOBILE BLVD		4.3 STREET ADDRESS		ss				
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY- ST-ZIP				F7 =		
TITLE		☐ DELËTE	5.1 TITLE				Chang	e 🗌 Addit	uon )
NAME			5.2 NA		_				
STREET ADDRESS				REET ADDRES	SS				
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		☐ DELETE	6.1 TITT				Chang	e 🗌 Addii	וטח
NAME			6.2 NAM						
STREET ADDRESS			6.3 STF	REET ADDRES	ss				

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:

G OFFICER OR DIRECTOR