## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P94000020726 (3)

PHARMACEUTICAL APPOINTMENT & RESERVATION COMPANY , INC.

Principal Place of Business

223 7TH STREET S.W. WINTER HAVEN FL 33880 Mailing Address

223 7TH STREET S.W. WINTER HAVEN FL 33880



					3. Date Incorporated or Qual 03/14/1994		of Last Rep 06/05/19	port <b>95</b>
Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number		Α	pplied For
		26	26		59-3235129		Not Applicable	
Skille, Apt. #, etc. City & State		Suite, Apt. #, etc.			5. Certificate of Status Desire	5. Certificate of Status Desired		
		City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
'lş i	Country	Zip	Country		B. This corporation has liabilit     Florida Statutes	·	ax under s	199.032
	25] 9. Name and Address of Curre	29   nt Registered Agent	30		Florida Statutes Yes No  10. Name and Address of New Registered Agent			
	<u> </u>	Togototo Agon	81	Name	TO. Hame and Address of the	en riegistorea	Ayent	
HREZO, STEPHEN M II 223 7TH STREET S.W. WINTER HAVEN FL 33880					dress (P.O. Box Number is Not Acceptable)			
			84	City		FL	<b>85</b> Zip	Code
familiar with NATURE	d agent, or both, in the State of Flor n, and accept the obligations of, Soc square, tyed or primo rarie of rejetired agen	tion 607.0505, Florida Statute	PS.  NOTE: Registered Age		, ,	DATE	. Ingistorod i	agorit. I alli
	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	RS IN 12
	U	☐ DELETE	1 1 TITLE			]	Change	Addition
	HREZO, STEPHEN M II		12 NAME					
ADDRESS	223 7TH STREET S.W.		13 STREF	ADDRESS				
5T - <b>Z</b> (P	WINTER HAVEN FL 33880		14 CITY-	ST - ZIP				
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LADDRESS S1 Zif LADDRESS S1-Zif LADDRESS S1 Zif I do hereby	v certify that the information succol	DELETE	4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITY- UTVISHED and dow	I ADDRESS ST-ZIP  F ADDRESS ST-ZIP ST-ZIP	for the exemption stated in Section	119 07/3VA FI	Change	Additio
FADORESS ST-ZIP FADORESS ST-ZIP do hereby certify that t	certify that the information supply of the information indicated on this year	DELETE	4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITY- UTVISHED and dow	I ADDRESS ST-ZIP  F ADDRESS ST-ZIP ST-ZIP	for the exemption stated in Section	119 07/3VA FI	Change	Addition
ADDRESS SI-ZIF ADDRESS II ZIF do hereby sertify that I seth, that I	certify that the information supply of the information indicated on this year am an officer or director of the year Block 12 or Block 13 if changes,	DELETE	4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME 6.3 STREE 6.4 CITY- urnished and do noual report is tree in the proposered	I ADDRESS ST-ZIP  F ADDRESS ST-ZIP ST-ZIP	for the exemption stated in Section ate and that my signature shall hav is report as required by Chapter 6	119 07/3VA FI	Change	Addition