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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

PHARM/	ACISTS' F	inest,	INC.								
Principal Place of Business 348 NW 87TH TERRACE MARGATE FL 33071 US			Mailing Address 346 NW 87TH TERRACE MARGATE FL 33071-7434 US								
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FILED Mar 13 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address			# 1669/000 (10 1011) BIBLI BERLE BERLE BERLE BERLE BERLE BLID BERLE HIND IDILI BULL BULL 1001				
848 NW 87TH MARGATE FL S	TERRACE 13071	346 NW 87TH TERRACE MARGATE FL 33071-7434 US							
90. 44 - 1 34 - 1		••				 Date Incorporated or Qualified 07/28/1994 	3a. Date 08/07		Report
2. Principal P	lace of Business	2a, Mailing Address 26				4. FEI Number 65-0592688			pplied For ot Applicable
; Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
City & State	θ	City & State				6. Election Campaign Financing			equired May Be
23		28			<u> </u>	Trust Fund Contribution			to Fees
Zip	Country	Zip		intry:		8. This corporation has liability for in			. 199.032,
24	25 9. Name and Address of Current	29 Registered Agent	[30]			Florida Statutes 10. Name and Address of New Reg	Yes		
VAD	SALLONE, MARIA L			81	Name	10.		-	
	I N. FEDERAL HIGHWAY			82	Stroot Add	dress (P.O. Box Number is Not Acceptable	٥١		
	IPANO BEACH FL			ا	Sileei Aut	uress (F.O. Box Number is Not Acceptable	e <i>)</i>		
2*			,	83					
				84	City		-, 1	35 Zip	Code
44 Durewant	to the provisions of Sections 607.0502	and 607 1508 Florida Statut	ee the al		named co	reporation submits this statement for the out	FL '	angina i	te registered
office or re	egistered agent, or both, in the State of	f Florida. Such change was a	authorized	d by t	he corpore	rporation submits this statement for the pu ation's board of directors. I hereby accep	the appoin	tment as	registered
	m amiliar with, and accept the obligat	ions of, acciton 607,0505, Fi	ontia stat	utes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO)	k: Registered	d Agen!	signature requ	uired when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE			
YITLE	D	☐ DELETE	1.1 TF			Salpeter, Jack	X_	Change	Addition
NAME	SALPETER, JACK		1.2 N/			346 N.W. 87th Terr.			
STREET ADDRESS	7604 MARGATE BLVD. MARGATE FL 33063				DDRESS	Coral Springs ,FL.	33071		1
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Too nereby certify that the information supplied with this filling 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 of Block 13 if changed, or on an araphiment with an address.