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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000065398 (6)

ADVANCED PHARMACY CARE OF FLORIDA, INC.

- I DEGLERAL DIR MARIA RIMIA BERTA GERMA GERMA BERTA BERTA BARTA BARTA BARTA BARTA BERTA LERA MARIA BARTA LERA

D	(5)	NACTOR AND ADDRESS OF THE PARTY			. 33/10 0/10/ 1/103 19/13 19/11/ 19/1/ 19/1
Principal Place of Business Mailing Address				1 (03)(00) (12 (2)8) 0((() 00(()) 00(())))))))	
CHAPEL TRAIL COMMERCE CENTER 18268 S.W. 29TH ST. 91 NW 209TH AVE, STE 111 MIRAMAR FL 33029-5160					
	PINES FL 33029	MUDINIMAL I E ASSES SIGN			
				3. Date Incorporated or Qualified	3a. Date of Last Report
9 Principal	Place of Queinose	2a, Mailing Address	· · · · · · · · · · · · · · · · · · ·	08/23/1995 4. FEI Number	06/20/1996
2. Principal Place of Business		26 P.O. 60X	820668	65-0624039	Applied For Not Applicable
Suite, Apl	t #, etc	Suite, Apt. #, etc.	<u> </u>		¢0.76
2		27		5. Certificate of Status Desired	Fee Required
City & Sta	ife	City & Stote	00100 F1	6. Election Campaign Financing	\$5.00 May Be
23			ORIDA, FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip 29 33082-0668	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
4	25		30 0.2.4.		Yes No
	g. Name and Address of Cur	rent Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
CLAVIJO, GONZALO			or Harris		
18266 SW 29TH ST.			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
MI	RAMAR FL 33029		63		
			84 City		FL 85 Zip Code
44 Dag	to the presidence of Continue CO7	0E/12 and E/17 1E/09 Elected Contrate	a the shows period say	poration submits this statement for the ption's board of directors. I hereby accept	
12.	Signature, typed or predict came of rigisterio OFFICERS	AND DIRECTORS	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
HILE	PD	DELETE	1,1 TITLE		Change Addition
NAM:	CLAVIJO, GONZALO		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CHY-ST ZIP	MIRAMAR FL 33029	Locitie	1.4 CITY - ST - ZIP		
THILE	TD OF VALUE OF TREE AT	C). DELETE	2.1 TITLE		Change Addition
NAME REGISER ANGELING	CLAVIJO, IRENE V		2.2 NAME		
STREET ADDRESS CITY+ST-7#	18266 SW 29TH ST. MIRAMAR FL 33029		2.3 STREET ADDRESS		
Tilt(SD SD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	KAY, MARK W		3.2 NAME		And arrange and propries
STREET ADORESS			3.3 STREET ADDRESS		
CHY-\$1 20°	S. MIAMI FL 33143		3.4. CITY-ST-ZIP		
1.ILF		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	•		4.3 STREET ADDRESS		
C11Y - S1 - 7/P		T or tree	4.4 CITY - ST - ZIP		T ALL THE SAME
11"LE		L DELETE	5.1 TIFLE		Change Addition
NAM (Straet argustes			5.2 NAME		
STREET ADORESS City-\$1-7 P	Ì		5 3 STREET ADDRESS 54 City-St-Zip		
TITLE	The second secon	DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		المالين موسده بي
STREET ADDRESS			6.3 STREET ADDRESS		
City - ST - 2iP			6.4 CITY-ST-ZIP		
CILT - 3 - ZIF					

I do 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 of 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 algorithm with an address.

SIGNATURE:

FILED

May 02 1997 8:00am

Secretary of State