

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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90211 029 \*\*\*150.00

DOCUMENT # P95000065398

1. Corporation Name

ADVANCED PHARMACY CARE, INC.

Principal Place of Business

CHAPEL TRAIL COMMERCE CENTER  
91 NW 209TH AVE. STE 111  
PEMBROKE PINES FL 33029

Mailing Address

P.O. BOX 820668  
SOUTH FLORIDA FL 33082-0668  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1995

4. FEI Number

65-0624039

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

CLAVIJO, GONZALO  
18266 SW 29TH ST.  
MIRAMAR FL 33029

10. Name and Address of New Registered Agent

81 Name

Irene V. Clavijo

82 Street Address (P.O. Box Number is Not Acceptable)

18266 SW 29 Street

83

84 City

MIRAMAR

FL

85 Zip Code

33029

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]*

Irene V. Clavijo, PRESIDENT

04/20/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME CLAVIJO, GONZALO  
STREET ADDRESS 18266 SW 29TH ST.  
CITY-ST-ZIP MIRAMAR FL 33029

TITLE TD ☐ DELETE

NAME CLAVIJO, IRENE V  
STREET ADDRESS 18266 SW 29TH ST.  
CITY-ST-ZIP MIRAMAR FL 33029

TITLE SD ☐ DELETE

NAME KAY, MARK W  
STREET ADDRESS 7000 S.W. 62ND AVE.  
CITY-ST-ZIP S. MIAMI FL 33143

TITLE D ☐ DELETE

NAME CABRERA, SANDRA B.  
STREET ADDRESS 471 SW 181ST AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P  
Irene V. Clavijo  
18266 SW 29 ST  
MIRAMAR, FL 33029

T  
LESTER BARRERAS  
11120 N. KENDALL DRIVE, SUITE 201  
MIAMI, FL 33176

D  
LOURDES M. BLANCHARD  
9800 SW 100th AVENUE  
MIAMI, FL 33176

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:

*[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/99

(954) 450-3095

Date

Daytime Phone #

CR2E034 (1/98)

01/6450