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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Jan 29, 1999 8:00am Secretary of State

	1999	DIVISION OF	CORPORATIONS	Secretary or state	
DOCUMENT # P9500069606				01-29-1999 90002 050 ***158.75	
1. Corporat	In Name # P95000	069606			
	NGTON'S PHARMACY, INC.				
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Principal Pla	ace of Business	Mailing Address	-		
2675 WINKLE		2675 WINKLER AVE			
190		#190		·	
FT MYERS FI	L 33901	FT MYERS FL 33901 · ·		DO NOT WRITE IN THIS SPACE	
"		00		3. Date Incorporated or Qualifed 09/06/1995	
2. Principal	Place of Business	2a. Mailing Address	n.,	4. FEI Number Applied For	
21	يحك والسبع ويشكوني	26		65-0626396 Not Applicable	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional	
22		27		5. Certificate of Status Desired Fee Required	
City & St	ate	City & State		6. Election Campaign Financing \$5.00 May Be	
Zip	Country	Zip Zip	<u> </u>	Trust Fund Contribution , Added to Fees	
24	25 Z5	29 Zip	Country 30	8. This corporation owes the current year Intangible	
271	9. Name and Address of Current		[30]	Personal Property Tax. Yes No 10. Name and Address of New Registered Agent	
			81 Name		
	YES, SUANN E		82 Street	Address (P.O. Box Number is Not Acceptable)	
	05 GULFSHORE BOULEVARD N. #9 PLES FL	905	oz Sileer	Address (F.O. Dox Notificer is Not Acceptable)	
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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, typed or printed name of registered agent a	and title if applicable, (NOT)	E: Registered Agent signature re	required when reinstating).	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	Change ☐ Addition	
NAME	HAYES, SUANN E	h	1.2 NAME		
STREET ADDRESS	4005 GULFSHORE BOULEVARD NAPLES FL	N. #905	1.3 STREET ADDRESS		
CITY-ST-ZIP	INAPLES FL	☐ DELETE	1.4 CITY-ST-ZIP		
NAME .		□ DELETE	2.1 TITLE	☐ Change ☐ Addition	
STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
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TITLE	The state of the s	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME		ASPERTY OF THE PROPERTY OF THE	6.2 NAME		
STREET ADDRESS	MARION		6.3 STREET ADDRESS		
CITY-ST-ZIP		•	6.4 CITY-ST-ZIP		

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:

94/-262-1302 Dautime Phone #