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

DOCUMENT # P95000085329

AMERICAN PROVIDERS, INC. PHARMACY

FILED Feb 21, 1999 8:00 am Secretary of State 02-21-1999 90017 002 ***150.00

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					;	(8)	IND OF BUT LOOK		
Principal Place of Business Mailing Address				-	r innisent vid raids distit dout bestif gelit on				
8744 S.W. 8TI UNIT 3	H STREET	8744 S.W. 8TH STREET					_		
1	74	UNIT 3							
US	•	MIAMI FL 33174 US			DO NOT WRITE IN TH	IS SPACE			
		44			3. Date Incorporated or Qualifed				
2. Principal	Place of Business	2a. Mailing Address			10/31/1995				
21		26			4. FEI Number	A	Applied For		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			65-0640315		lot Applicable		
22		27			5. Certificate of Status Desired	\$8.75	Additional Required		
City & Sta	ate	City & State							
23		28			Election Campaign Financing Trust Fund Contribution		May Be		
Zip	Country	Zip	Count		This corporation owes the current year !		to Fees		
24	25	29	30	-	Personal Property Tax.	ntangible ☐ Yes	□No		
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registere				
601	N741 F7 IFOLIO 4		8	1 Name		a Agunt			
	NZALEZ, JESUS A		-	1					
	4 S.W. 8TH STREET		8:	Street	Address (P.O. Box Number is Not Acceptable)				
UNI			8:	3					
MIA	MI FL 33174	•							
				City	F		Code		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above	/e-named	corporation submits this statement for the purpose or corporation's board of directors. I hereby accept the appearance of the appearance o	f changing its	s registered		
agent. I a	am familiar with, and accept the obligation	or Florida. Such change was au tions of, Section 607.0505. Flori	thorized by da Statute	/ the corp s.	poration's board of directors. I hereby accept the appearance	intment as re	gistered		
SIGNATURE					·				
	Signature, typed or printed name of registered agen		Registered Age	nt signature i	required when reinstating) DATE		}		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE			Change	Addition		
NAME	GONZALEZ, JESUS A		1.2 NAME		·				
STREET ADDRESS	8744 S.W. 8TH STREET UNIT 3		1.3 STREE	TADDRESS					
CITY-ST-ZIP	MIAMI FL 33174		1.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	2.1 TITLE	Ī	-	☐ Change	Addition		
NAME			2.2 NAME				1		
STREET ADDRESS			2.3 STREE	TADDRESS					
CITY-ST-ZIP			2, 4 CITY-5	ST-ZIP			[
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition		
NAME			3.2 NAME				_		
STREET ADDRESS			3.3 STREE	TADORESS					
CITY-ST-ZIP			3.4. CITY-5	T-ZIP			}		
TITLE		☐ DELETE	4.1 TITLE			Change	Addition		
NAME		1	4. 2 NAME			_ •	_		
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CITY-S	T-ZIP	•		.		
TITLE		☐ DELETE	5.1 TITLE			Change	Addition		
NAME			5.2 NAME			_ •			
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST	-ZIP					
TITLE		☐ DELETE	6.1 TITLE			Change	Addition		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS			[
CITY-ST-ZIP			6.4 CITY-ST	-2IP			ł		

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: