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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9600005958

INTERRAY PHARMACY, INC.

FILED Mar 29, 1999 8:00 am Secretary of State 03-29-1999 90007 003 ***150.00

Principal Plac	e of Business	Mailing Add	dress					(EU/(OB) (O (S)(O O())(#8))) (FREEL MARIL ABOUT A	18 R B 11 B 18 18 18 18 18	H BH91 HBH 1881
4332 S MANHA	ATTAN AVE	4332 S MAN	NHATTAN AVE				1				
TAMPA FL 336	11		TAMPA FL 33611				- }	DO NOT WR	RITE IN THIS	SPACE	
US		US	05				- 3	3. Date Incorporated or Qualifed			
							ĺ	01/17/1996			
2. Principal P	lace of Business	2a. Mailing	Address				4	4. FEI Number	-	A	pplied For
21		<u> </u>	26					59-3351937	•	N	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional
22	نس د جندادسیم سیدر د	27						5. Certificate of Status Desired	·,	Fee R	equired
City & Stat	e	City & S	State				6	Election Campaign Financing) П		May Be
23		28						Trust Fund Contribution			to Fees
Zìp ¬	Country	Zip			untry		8	8. This corporation owes the cu	rrent year int	angible □Kes	□No
24	25	29		30	1			Personal Property Tax. O. Name and Address of New	Registered		
	9. Name and Address of Curre	ent Registered Ag	jent		81	Name		o. Name and Address of New	regiotorca	rigoni	
PAT	EL, ATUL C										
	S MANHATTAN AVE					Street Ad	ddress	dress (P.O. Box Number is Not Acceptable)			
	PA FL 33611				83						
	= 50011										
					84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508,	Florida Statu	tes; the a	above-	named co	orporati	ion submits this statement for th	o purpose of	changing it	s registered
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the objic	e of Florida, Such	change was a	autnorize	ea by ti	he corpora	ation's I	board of directors. I hereby acco	ept the appoi	ntment as r	egistered
	2 De Carol	- Daz	CINCAT	1							ł
SIGNATURE		1 1 1 1									
	Signature, typed or printed name a registered a	gent and title if applicable.	. (NOTE	E: Registere	d Agent	signature requ	uired whe		DATE		
12.		gent and title if applicable.		13		signature requ	ertw beniup	n reinstating) ADDITIONS/CHANGES TO O			
12. TILE	OFFICERS A		DELETE	1,1 7	TITLE	signature requ	uired whe			ND DIRECT	ORS IN 12
	D PETEL, ATUL C			13. 1.13 1.21	TITLE NAME		quired whe				
TILE	D PETEL, ATUL C 4332 S MANHATTAN AVE			13. 1.1 T 1.2 N 1.3 S	TITLE NAME STREET	ADDRESS	uired whe				
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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: