

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90023 006 ***150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000061109

1. Corporation Name

PHARMACY SERVICES RENDERED, INC.

Principal Place of Business

349 LAKESIDE COURT
 SUNRISE FL 33326

Mailing Address

349 LAKESIDE COURT
 SUNRISE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1996

4. FEI Number

65-0686731

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.☒Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

1 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

3 City & State

27 City & State

4 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

LOUDIS, ROCCO
349 LAKESIDE COURT
SUNRISE FL 33326

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

D

NAME

LOUDIS, ROCCO

STREET ADDRESS

349 LAKESIDE CT

CITY-STATE-ZIP

SUNRISE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-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-STATE-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

4. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/89)

RICHARD C. POLLOCK, CPA, PA
7797 North University Drive
Suite 105
Tamarac, Florida 33321
(954) 726-2537

P96000061109
611383-90004-35

August 26, 1999

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: PHARMACY SERVICES RENDERED, INC.
DOCUMENT NO. P96000061109
TAXPAYER ID# 65-0686731

Dear Sirs:

We are the accounting firm for the above-referenced client. We are in receipt of your letter dated July 9, 1999 regarding the late filing fee for filing the Annual Report and are enclosing a copy of same.

We had contacted your office who stated we needed to write a letter and ask that the fee be waived due to the fact that the original packet was not received.

We are asking at this time, since this was a faultless situation, that you waive the penalties due on this corporation and file the Annual Report for 1999 for the amount of One Hundred and Fifty (\$150.00) Dollars which was already received by your office.

If you would like any further information or would like to discuss this matter further, please do not hesitate to contact us.

Sincerely,


Richard C. Pollock, CPA

RCP/bmt