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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000062920

GET WELL PHARMACY, INC.

GET WEE	LE I I I A MINO I , INC.				·			
Principal Place	of Business	Mailing Address						
220 S UNIVERSITY DR 220 S UNIVERSITY DR							• •	
PLANTATION FL 33324 PLANTATION FL 33324						DO NOT WRITE IN THIS SPACE		
US US						3. Date Incorporated or Qualifed		
						07/18/1996		
1 Drive single Di	ace of Business	2a. Mailing Address		-		4. FEI Number		olied For
	ace of business	26				65-0683749		Applicable (
Suite, Apt.	# etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 ₋ A	
	m, 000.	27				5. Certificate of olates booker	Fee Re	
City & State	ę.	City & State				6. Election Campaign Financing	\$5.00	
	_	28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current ye	ear Intangible	□Na I
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Regis	tered Agent	
		To a N		81	Name			
WILL	OUGHBY, JACQUELINE L			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
220	S UNIVERSITY DR					<u> </u>		115 1 30 1 100
PLAI	NTATION FL 33324			83				
				84	City	1	85 Zip (Code
•				1 1	•	poration submits this statement for the purp ion's board of directors. I hereby accept the	<u>FL</u>	*
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505, Flo	rida Stat	tutes.	ю оограга	poration submits this statement for the purplion's board of directors. I hereby accept the		
agent. I a	am familiar with, and accept the ubili	gent and title if applicable. (NOTE	indu Otto	tutes.	·		ATE RS AND DIRECTO	DRS IN 12
agent. I a SIGNATURE	Signature, typed or printed name of registered a OFFICERS /	ganons bi, decilon our loods, i lo	: Registered	d Agent s	·	ed when reinstating)	ATE	<u> </u>
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS /	gent and title if applicable. (NOTE AND DIRECTORS	: Registered 13.	d Agent s	·	ed when reinstating)	ATE RS AND DIRECTO	DRS IN 12
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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 on 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:

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90008 036 ***150.00