

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90113 021 ***150.00

DOCUMENT # P96000075872

1. Corporation Name
PHARMACY, INC.

Principal Place of Business
22143 TRILLIUM WAY
BOCA RATON FL 33433

Mailing Address
22143 TRILLIUM WAY
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1996

4. FEI Number

65-0704009

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2043 SR7

2a. Mailing Address

26 2043 SR7

Suite, Apt. #, etc.

22 Suite 180

Suite, Apt. #, etc.

27 Suite 108

City & State

23 Boca Raton, FL

City & State

28 Boca Raton, FL

Zip

24 33498

Country

25 USA

Zip

29 33498

Country

30 USA

9. Name and Address of Current Registered Agent

SCHER, CHARLES
22143 TRILLIUM WAY
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name Gary M. Krasna

82 Street Address (P.O. Box Number is Not Acceptable)
1900 Corporate Blvd, NW

83 Suite 301W

84 City Boca Raton

FL

85 Zip Code 33431

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 Gary M. Krasna

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/99
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME SCHER, CHARLES
STREET ADDRESS 22143 TRILLIUM WAY
CITY-ST-ZIP BOCA RATON FL

TITLE D ☒ DELETE
NAME MEADOW, DONNA
STREET ADDRESS 22261 ALYSSUM WAY
CITY-ST-ZIP BOCA RATON FL

TITLE D ☒ DELETE
NAME GORN, JOANN
STREET ADDRESS 19638 STAR ISLAND DR
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME Stuart Meadow
1.3 STREET ADDRESS 22261 Alyssum Way
1.4 CITY-ST-ZIP Boca Raton, FL 33433

2.1 TITLE VP/D ☐ Change ☒ Addition
2.2 NAME Steven Gorn
2.3 STREET ADDRESS 19638 Star Island Drive
2.4 CITY-ST-ZIP Boca Raton, FL 33498

3.1 TITLE VP/S/T/D ☐ Change ☒ Addition
3.2 NAME Jeffrey Feigenbaum
3.3 STREET ADDRESS 1375 Coney Island Avenue
3.4 CITY-ST-ZIP Brooklyn, NY 11230

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Signature of Signer: Stuart Meadow

Signature and typed or printed name of signing officer or director

Date

(561) 361-8093
Daytime Phone #

CR2E034 (11/98)

0342814