

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90085 027 ***150.00

| PROFIT CORPORATION ANNUAL REPORT 1999 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|--|--|--|
| DOCUMENT # 1. Corporation Name PHARMACY SOLUTIONS, INC. 10352 MALIBU DRIVE WESTON, FLORIDA 33326 | | Doc # P97000026198V | |
| Principal Place of Business 10352 MALIBU DRIVE WESTON, FLORIDA 33326 | | Mailing Address 10352 MALIBU DRIVE WESTON, FL. 33326 | |
| 2. Principal Place of Business 21 10352 MALIBU DR. | | 2a. Mailing Address 26 10352 MALIBU DRIVE | |
| 3. Date Incorporated or Qualified 3/24/97 | | 3a. Date of Last Report | |
| 4. FEI Number | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent DR. LUIS CABAN 10352 MALIBU DRIVE WESTON, FL. 33326 | | 10. Name and Address of New Registered Agent 81 Name: DR. LUIS CABAN 82 Street Address (P.O. Box Number is Not Acceptable): 10352 MALIBU DRIVE 83 84 City: WESTON FL 85 Zip Code: 33326 | |
| 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] Luis E. Caban, PharmD President DATE: 4/28/99 (NOTE: Registered Agent signature required when reinstating) | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE: P NAME: LUIS CABAN STREET ADDRESS: 10352 MALIBU DRIVE CITY-ST-ZIP: WESTON, FL 33326 | | 1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP: | |
| TITLE: VP NAME: ANA CABAN STREET ADDRESS: 10352 MALIBU DRIVE CITY-ST-ZIP: WESTON, FL 33326 | | 2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP: | |
| TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP: | | 3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP: | |
| TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP: | | 4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP: | |
| TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP: | | 5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: | |
| TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP: | | 6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP: | |
| 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] Luis E. Caban, PharmD | | DATE: 4/28/99 (954) 382-2984 | |

CR2E034 (12/95)