

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
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90108 043 ***150.00

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DOCUMENT # P97000064463

1. Corporation Name

ALPHAMEDS PHARMACY, INC.

Principal Place of Business

1215 LEE AVENUE
SUITE 100
TALLAHASSEE FL 32303
US

Mailing Address

1215 LEE AVENUE
SUITE 100
TALLAHASSEE FL 32303
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1997

4. FEI Number

59-3457696

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

HENRY, BUCHANAN, HUDSON, SUBER & WILLIAMS
% J. STEVEN CARTER
117 SOUTH GADSDEN STREET
TALLAHASSEE FL 32301

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

TITLE PM ☐ DELETE
NAME BEVIS, ROBERT S.
STREET ADDRESS 2104 HAYS MILL ROAD
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE VM ☐ DELETE
NAME MC CALL, JR. F
STREET ADDRESS 321 N. 9TH STREET
CITY-ST-ZIP QUINCY FL 32351

TITLE TM ☐ DELETE
NAME TINDALL, RAYMOND D.
STREET ADDRESS 2019 WAHALAW NENE
CITY-ST-ZIP TALLAHASSEE FL 32314

TITLE SM ☐ DELETE
NAME DAISERNIA, FRANK
STREET ADDRESS 4540 BOWFIN DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☐ DELETE
NAME DESLOGE, BRYAN
STREET ADDRESS 3057 HAWKS GLEN
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D ☐ DELETE
NAME ARNOLD, HARRY
STREET ADDRESS P. O. BOX 4103
CITY-ST-ZIP TALLAHASSEE FL 32315

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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: *Francis McCall Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99

Date

850-942-1992

Daytime Phone #

CR2E034 (11/98)