SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

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

PROFIT CORPORATION ANNUAL REPORT 1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000084127

SOUTH FLORIDA PHARMACY SERVICES, INC.

Principal Place of Business	Mailing Address			
21000 BOCA RIO ROAD STE. A14 BOCA RATON FL 33433	21000 BOCA RIO ROAD STE. A14 BOCA RATON FL 33433	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/26/1997		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number		
21	26	AS-ARROASIO		

FILED FILED FISION OF CONFORATION 99 SEP 23 AM 8: 30



9/18/99 56/391-1304 Date Daytime Phone #

2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26		65-0839659	Not Applicable		
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			6. Election Campaign Financing	\$5.00 May Be			
23	28			Trust Fund Contribution	Added to Fees		
Żp	Country	Zip	Country		B. This corporation owes the current year		
24	25	29	30		Intangible Personal Property.	Yes No	
	9 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
81 Name							
- ROSENTHAL, JEFFREY H			82 Street Ac	Street Address (P.O. Box Number is Not Acceptable)			
	2424 N. FEDERAL HWT., SUITE 400						
BUL	BOCA RATON FL 33431			83			
-			ŀ	84 City	F	85 Zip Code	
11. Parsuánt	to the provisions of sections 607 0502	and 607 1508. Florida Statute	s the abo	ve-named con			
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 a			d Agent signature	required when reinstating) DATE		
[12 . TULE	OFFICERS AND		13.	. 17	ADDITIONS/CHANGES TO OFFICERS		
'	VPD	DELETE		E F	Pasident/Director	Change Addition	
NAME			1.2 NAA	/E	HORVATH, WILLIAM 21000 BOCARIO ROAD A14		
STREET ADDRESS				EET ADORESS C	AND AND LEVEL STUDY		
CHY-ST-ZIP TITLE	BOCA RATON FL 33433		2 1 TITL		BULA RATION, FI 3343		
NAME	LENZ, HENRY A				Change Addition		
STREET ADDRESS						3813 5	
CITY ST-ZIF	DOOL BUTOU TO ARREST			23 STREET ADDRESS -09/27/9901003001		01003001	
TOPLE	VPD	DELETE	3.1 TITL		****558.7	5 ****558.75	
NAME	FRUCHTMAN, IRA D	C. J DECE IE	3.2 NAMI			☐ Change ☐ Addition	
STREET ACCRESS				EET ADDRESS			
C/TY-51-7IP	BOCA RATON FL 33433			-ST-ZIP		1	
TITLE	S	DELETE	4.1 TITL			Change Addition	
NAME	MARRONE, BERNICE L		4.2 NAN	IE		FT clouds FT vocators	
\$1R++TADGRESS	21000 BOCA RIO ROAD, A14		4.3 STR	EET ADDRESS		•	
CiTY-ST-Z-P	BOCA RATON FL 33433		4.4 CIT	(-ST-ZIP			
TITEF		DELETE	5.1 TiTL		1	Change Addition	
NAME			5.2 NAM	1E	s an alass		
STREET ADDRESS			5.3 STR	EET ADDRESS	The state of		
CITY-ST-ZIP			5.4 CIT	/-ST-ZIP	1		
THILE		DELETE	6.1 TITL	E		Change Addition	
NAME			6.2 NAA	IE		-	
STREET ADDRESS			6 3 STR	EET ADDRESS			
CITY ST/ZIP			6.4 CIT	-ST-ZIP			
14. Thereby ce	rtify that the information supplied with the	nis filing does not qualify for to	he exempt	ion stated in s	ection 119.07(3)(i), Florida Statutes. I further certif	y 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 eath; 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.							

INA FRUCHTMAN