

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90109 022 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
--	---	---

**DOCUMENT # P98000010015**

1. Corporation Name

CAMBRIDGE VILLAGE DRUGS, INC.

Principal Place of Business

2255 GLADES ROAD #218A  
BOCA RATON FL 33431

Mailing Address

2255 GLADES ROAD #218A  
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1998

4. FEI Number

65-0811624

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax.☐ Yes☐ No

2. Principal Place of Business

21 3501 West Drive

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City &amp; State

Deerfield Beach

27 City &amp; State

28

24 Zip

33442

25 Country

FL

29 Zip

30

Country

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

Henry B Handler Esq

82 Street Address (P.O. Box Number is Not Acceptable)

C/O Weiss E Handler, PA

83 2255 Glades Road Ste 218-A

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME HANDLER, HENRY B  
STREET ADDRESS 2255 GLADES ROAD #218A  
CITY-ST-ZIP BOCA RATON FL 33431TITLE VD ☐ DELETENAME STEINER, JONATHON  
STREET ADDRESS 2255 GLADES ROAD #218A  
CITY-ST-ZIP BOCA RATON FL 33431TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)