

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

99 NOV -4 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P980000 70643*

1. Corporation Name

N.M.C.A., INC.

Principal Place of Business

Mailing Address

900003045459--0

-11/16/99--01050--014

DO NOT WRITE IN THIS SPACE
***150.00 ***150.00

2. Principal Place of Business

2a. Mailing Address

21 *7796 N.W. 44th ST.*

26 *6212 DUVAL DR.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State *SUNRISE, FL.*

27 City & State *MARGATE FLORIDA*

23 Zip *33351* Country *U.S.A.*

28 Zip *33063* Country *U.S.A.*

3. Date Incorporated or Qualified

AUGUST 10, 1998

4. FEI Number

65-0866169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*NANCY MARTINEZ
7790 LAGO DEL MAR #905
BOCA RATON, FL. 33433*

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 *Nancy Martinez*
Signature, typed or printed name of registered agent and title if applicable

NANCY MARTINEZ
(NOTE: Registered Agent signature required when reinstating)

10-4-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *DR. VITTO MATHEW* ☒ DELETE
NAME
STREET ADDRESS *3601 W. COMMERCIAL BLVD. #3*
CITY-ST-ZIP *FORT LAUDERDALE, FL. 33309*

1.1 TITLE *CLIFFORD ATHERLEY* ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS *6212 DUVAL DR*
1.4 CITY-ST-ZIP *MARGATE FL. 33063*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE *NANCY MARTINEZ* ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS *7790 LAGO DEL MAR #905*
2.4 CITY-ST-ZIP *BOCA RATON FL 33433*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Clifford Atherley* *CLIFFORD ATHERLEY, PRESIDENT* *10-4-99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-578-1939
Daytime Phone #

CR2E034 (11/98)

2

PRESCRIPTIONS PLUS PHARMACY
Prescriptions, Homecare Supplies, Assistive Devices, Delivery

Lincoln Park West Plaza
7796 N.W. 44th Street
Sunrise, FL 33351

Ph: 954-578-1939
Fx: 954-578-1435

NOVEMBER 1,1999

**FLORIDA DEPT OF STATE
REINSTATEMENT DEPT.
P.O.BOX 6327
TALLAHASSEE,FLORIDA 32314**

DEAR MICHELLE MILLIGAN,

AS PER OUR TELEPHONE CONVERSATION ON NOV 1,1999, WE HAVE COMPLETED THE APPLICATION SECTION 13. ENCLOSED IS THE CHECK FOR \$150.00 AS WELL AS A COPY OF THE LETTER SENT TO US. AS I EXPLAINED IN OUR CONVERSATION, WE HAD NOTIFIED YOUR OFFICE OF OUR CHANGE OF ADDRESS. OUR ATTORNEY, MR.LEWIS, ALSO NOTIFIED YOUR OFFICE IN WRITING. IF YOU HAVE ANY FURTHER QUESTIONS, PLEASE CONTACT OUR OFFICE AT 954-578-1939.

SINCERELY,



**N.M.C.A. INC.
CLIFFORD A. ATHERLEY
NANCY M.MARTINEZ**