

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
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90129 034 ***150.00

DOCUMENT # P98000096926

1. Corporation Name

MY PHARMACY OF HIALEAH, INC.

Principal Place of Business
15043 SOUTH DIXIE HIGHWAY
MIAMI FL 33157

Mailing Address
15043 SOUTH DIXIE HIGHWAY
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1998

4. FEI Number

65-0875791

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

2. Principal Place of Business

2a. Mailing Address

21 7160 W. 20 ave

26 7160 W 20 ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 M129

27 M129

23 City & State Hialeah FL

28 City & State Hialeah FL

24 Zip 33016 Country USA

29 Zip 33016 Country USA

9. Name and Address of Current Registered Agent

SCHIFF, JAMES M
9130 SOUTH DADELAND BOULEVARD
SUITE 1609
MIAMI FL 33156

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	WARSHOFISKY, GERALD	
STREET ADDRESS	15043 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	DVST	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, ORIN E	
STREET ADDRESS	15043 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Warshofsky, David
1.3 STREET ADDRESS	7160 W 20 ave m129
1.4 CITY-ST-ZIP	Hialeah FL 33016
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Warshofsky, Gerald
2.3 STREET ADDRESS	7160 W 20 ave m129
2.4 CITY-ST-ZIP	Hialeah, FL 33016
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Smith, Orin E.
3.3 STREET ADDRESS	7160 W. 20 ave m129
3.4 CITY-ST-ZIP	Hialeah, FL 33016
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ginzberg, Jerome
4.3 STREET ADDRESS	7160 W 20 ave m129
4.4 CITY-ST-ZIP	Hialeah, FL 33016
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T.S. Colletto, Alan
5.3 STREET ADDRESS	7160 W 20 ave m129
5.4 CITY-ST-ZIP	Hialeah, FL 33016
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 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 #

1/8/99

305-238-2474

CR2E034 (11/98)