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

DOCUMENT # P98000098319

1. Corporation Name

HILLTOP PHARMACY CONSULTANTS, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90191 008 ***150.00



Principal Plac	e of Business	Ма	iling Address			1 12011201 1/8 (815) 131(1 40(1) 40)(1 63(1) 40)	(B (616) (616) (116)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1801 N.E. 140TH STREET		1801 N.E. 140TH STREET						
N. MIAMI FL 33181		N. I	MIAMI FL 33181			DO NOT INDITE IN TH	10.004.05	
					}	DO NOT WRITE IN TH 3. Date incorporated or Qualifed	IS SPACE	
 						11/23/1998		
2. Principal P	Place of Business	2a.	Mailing Address			4. FEI Number	Ар	plied For
21		26	P.O. Box 600	<u>651</u>		65-0878789		t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	
22		27		00651		J. 60/5/004/6 6/ 04/4/6 1	Fee Re	
City & Sta	te		City & State			6. Election Campaign Financing	\$5.00	
23		28	North Mian			Trust Fund Contribution	Added t	o Fees
Zip	Country	Ь	Zip	Country		8. This corporation owes the current year	Intangible ☐ Yes	MNo
24	25	29	<u> 33160 31</u>	<u> </u>		Personal Property Tax. 10. Name and Address of New Registere		₩0
	9. Name and Address of Curren	ıt Regis	tered Agent	81 Nam		10. Name and Address of New Registere	a Agent	
HGV	MIL MARTIN C. DR			OI Naii	ie			
UGWU, MARTIN C DR. 1801 N.E. 140TH STREET			82 Stree	et Addres	s (P.O. Box Number is Not Acceptable)			
N. MIAMI FL 33181				83				
14. 14	MAMI I E 30101			83				
				84 City		F	L 85 Zip 0	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 6	07.1508, Florida Statutes,	, the above-name	ed corpor	ation submits this statement for the purpose	of changing its	registered
office or a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florid	la. Such change was auth	iorized by the co	rporation'	's board of directors. I hereby accept the ap	pointment as re	gistered
		ilions or,	Section 607.0303, Fibrida	a Glaidios.	•			
SIGNATURE	Signature, typed or printed name of registered age	nt and title	f applicable. (NOTE: Re	egistered Agent signatu	re required w	hen reinstating) DATE	•	
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D		☐ DELETE	1.1 TITLE	P/-	S/N/ T	Change	☐ Addition
NAME	UGWU, MARTIN C DR.			1.2 NAME	N.	110		
						MADTIN P. LIGHU		
STREET ADDRESS	AGOA NE AAGTIL OTDEET			1.3 STREET ADDRES	SS LO	MARTIN C. LIGWU		
STREET ADDRESS	1801 N.E. 140TH STREET			1.3 STREET ADDRES	^{ss} 18€	MARTIN C. LIGWU OI NE 140 Street, N.	Mia. FL	³ 3181
STREET ADDRESS CITY-ST-ZIP TITLE	AGOA NE AAGTIL OTDEET		☐ DELETE	l	S 180		Mia., FL	33181
CITY-ST-ZIP	1801 N.E. 140TH STREET		☐ DELETE	1.4 CITY-ST-ZIP	\$ 180			
CITY-ST-ZIP TITLE NAME	1801 N.E. 140TH STREET N. MIAMI FL 33181		☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	180			
CITY-ST-ZIP TITLE NAME STREET ADDRESS	1801 N.E. 140TH STREET N. MIAMI FL 33181		☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES	180			
CITY-ST-ZIP TITLE NAME	1801 N.E. 140TH STREET N. MIAMI FL 33181		☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	180			
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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.