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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.

Principal Place of Business 1801 N.E. 140TH STREET N. MIAMI FL 33181

Mailing Address 1801 N.E. 140TH STREET N. MIAMI FL 33181



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/23/1998
4. FEI Number 65-0878785 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$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 21
2a. Mailing Address 26 P.O. Box 600 651
22 Suite, Apt. #, etc. 27 P.O. Box 600651
23 City & State 28 North Miami
24 Zip 25 Country 29 33160 30 Country

9. Name and Address of Current Registered Agent UGWU, MARTIN C DR. 1801 N.E. 140TH STREET N. MIAMI FL 33181

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 reinstalling) DATE

12. OFFICERS AND DIRECTORS
TITLE D
NAME UGWU, MARTIN C DR.
STREET ADDRESS 1801 N.E. 140TH STREET
CITY-ST-ZIP N. MIAMI FL 33181

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P/S/D/T
1.2 NAME DR. MARTIN C. UGWU
1.3 STREET ADDRESS 1801 NE 140 Street, N. Mia., FL 33181
1.4 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 1/15/99 (305) 899 9815 Date Daytime Phone #

CR2E034 (11/98)