## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION **ANNUAL REPORT** 

1999

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # S40953**

**Country** 

9. Name and Address of Current Registered Agent

25

BOYD, J. DARRELL

160 NW 176 ST. SUITE 400

MIAMI FL 33169

N.I.S.A. PHARMACY, INC. Principal Place of Business Mailing Address 160 NW 176TH ST STE 400 160 NW 176TH ST STE 400 MIAMI FL 33169 MIAMI FL 33169

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2a. Mailing Address

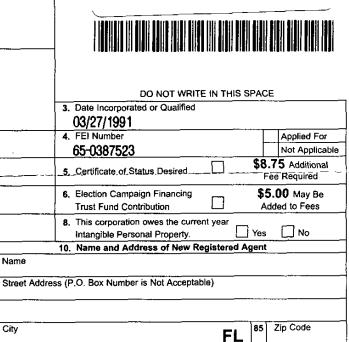
City & State

Zìp

Suite, Apt. #, etc.

## **FILED** Jul 30, 1999 8:00 am **Secretary of State**

07-30-1999 90007 040 \*\*\*550.00



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, and accept the obligations of section 607.0505. Florida Statutes

Country

81

83

84 City

30

IGNATURE	Signature, typed or printed name of registered agent and	title if applicable.	(NOTE: Registered Agent signature req	quired when reinstating) DATE
<u>.</u>	OFFICERS AND D	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
LE	Р	DELETE	1.1 TITLE	Change Additio
ME	BOYD, J. DARRELL		1.2 NAME	
REET ADDRESS	941 S. PARK RD. #209		1.3 STREET ADDRESS	
Y-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP	
LE		☐ DELETE	2.1 TITLE	Change Addition
ME			2.2 NAME	
REET ADDRESS			2.3 STREET ADDRESS	
Y-ST-ZIP		-	2.4 CITY-ST-ZIP	
LE		DELETE	3.1 TITLE	Change Additi
ΜE			3.2 NAME	
EET ADDRESS			3.3 STREET ADDRESS	
Y-ST-ZIP			3.4 CITY-ST-ZIP	
LE		DELETE	4.1 TITLE	Change Additi
ME	,		4.2 NAME	·
EET ADDRESS			4.3 STREET ADDRESS	
Y-ST-ZIP			4.4 CITY-ST-ZIP	
LE		DELETE	5.1 TITLE	Change Additi
ME			5.2 NAME	
REET ADDRESS	1		5.3 STREET ADDRESS	
Y-ST-ZIP			5.4 CITY-ST-ZIP	
LE .		☐ DELETE	6.1 TITLE	☐ Change · ☐ Additi
ME , , , ,	Profit Williams		6.2 NAME	
REET ADDRÉSS	,		6.3 STREET ADDRESS	
Y-ST-ZIP			6.4 CITY-ST-ZIP	

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 chapter 6, or on an attachment with an address.

SIGNATURE: