

FLORIDA DEIPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION CF CORPORATIONS

DOCUMENT # \$51087

1. Corporation Name

BETHESDA COMMUNITY PHARMACY, INC.

Principal Place of Business 2824 S SEACREST BLVD Mailing Address

2824 S SEACREST BLVD BOYNTON BEACH FL 33435

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90009 015 ***450.00



BOYNTON BEACH FL 33435		BOYNTON BEACH FL 33435			DO NOT WELL	TE IN T UC	00400		
						3. Date incorporated or Qualifed	IE IN 1 113	SPACE	<u> </u>
						05/09/1991			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26			65-0259818			No: Applicabl	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 Certificate of Status Desired		75 Additional e Required			
City & Sitat	te	City & State				Electic n Campaign Financing Trust Fund Contribution			.00 May Be
Zip	Country	Zip		ountry		8. This corporation owes the curre	ent year Inti	angible	
24	25	29	30			Personal Property Tax.		Yes	
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New R	egisterra	Agent	
חווח	NE, THOM			6'	Name				
	LAKE IDA ROAD			82	Street Acd	ress (P.O. Bo> Number is Not Accepta	ible)		
	E 400			00					
	RAY BEACH FL 33445			83					
Dt.L	INT DESCRIPT SOTTO			84	City		FL	85	Zip Code
44 Bursugat	to the provinces of Scations 607 0500	and 607 1509 Florida Sta	aturaa tha		nomed som	poration submits this statement for the		ob appair	a its radictored
office or r		of Florida. Such change wa	as authoriz	zed by	the corporeti	on's board of cirectors. I hereby accep			
SIGNATURE	Signature, typed or printed har is of registered agent	and title if applicable (N	IOTI : Registe	red Agen	t signature reguire	ed when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	1	3.		ADDITIONS/CHANGES TO OFF	FICERS / N	ID DIRE	CTOFS IN 12
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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 an adaptor 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 tracks ee 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 attachmore with an address, with all pit er like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 (561) 276-644

CR2E034 (11/9