SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $379)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 AUG -3 AM 9:18
TALLAHASSEE, FLORIDA

DOCUMENT # **S88307** **(1)**

1. Corporation Name

MAXIMUM PHARMACEUTICAL SERVICES, INC.

Principal Place of Business	Mailing Address
1100 NW 54 ST MAIMI FL 33127 US	10800 NW 17TH AVE MAIMI FL 33167 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/21/1991**
3a. Date of Last Report: **03/28/1994**

2. Principal Place of Business
21: 10800 N.W. 17 AVE.
Suite, Apt. #, etc.
22:
City & State
23: Miami, Florida
Zip
24: 33167
Country
25: U.S.A

2a. Mailing Address
26:
Suite, Apt. #, etc
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: **65-0296935** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GAITER, FRANCES W
10800 NW 17 AVE
MIAMI FL 33167-1022

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	WHITE, WILLARD THOMAS	12 NAME		
STREET ADDRESS	10800 NW 17 AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	WHITE, WAYNE THOMAS	22 NAME		
STREET ADDRESS	1100 NW 17TH AVE	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	WHITE, PAUL THOMAS	32 NAME		
STREET ADDRESS	7911 NW 190 TERR.	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	GAITER, FRANCES W	42 NAME		
STREET ADDRESS	10800 N.W. 17 AV	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	GAITER, FRANCES W.	52 NAME		
STREET ADDRESS	10800 NW 17 AVE.	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Frances W. Gaiter Frances W. Gaiter 7/30/95 (305) 757-0146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0068350 CP