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Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S88307 (1)

1. Corporation Name:  
MAXIMUM PHARMACEUTICAL SERVICES, INC.

Principal Place of Business

10800 NW 17TH AVE  
MIAMI FL 33167  
US

Mailing Address

10800 NW 17TH AVE  
MIAMI FL 33167-4022  
US

3. Date Incorporated or Qualified  
10/21/1991

3a. Date of Last Report  
08/22/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	WHITE, WILLARD THOMAS	
STREET ADDRESS	10800 NW 17 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	DELETE
NAME	WHITE, WAYNE THOMAS	
STREET ADDRESS	1100 NW 17TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	DELETE
NAME	WHITE, PAUL THOMAS	
STREET ADDRESS	7911 NW 190 TERR.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	S	DELETE
NAME	GAITER, FRANCES W	
STREET ADDRESS	10800 N.W. 17 AV	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	DELETE
NAME	GAITER, FRANCES W.	
STREET ADDRESS	10800 NW 17 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Frances W. Gaiter* (3as)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 01-09-97 Daytime Phone #: 757-0146

CR2E034 (9/96)