

AMENDED

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).

01/25

AMENDED PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 14 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 588307

1. Corporation Name
Maximum Pharmaceutical Services, Inc.

Principal Place of Business Mailing Address
10800 N.W. 17th AV. 10800 N.W. 17th AV.
Miami, FL 33167 Miami, FL 33167
U.S. U.S.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/21/1991
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 owes the current year Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Gaiter, Frances W.
10800 N.W. 17 AVE.
Miami, FL 33167-1022

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | White, Wayne Thomas | 1.2 NAME | |
| STREET ADDRESS | 11001 N.W. 17 AV. | 1.3 STREET ADDRESS | 600003079146--5 |
| CITY-STATE-ZIP | Miami, FL 33167 | 1.4 CITY-STATE-ZIP | -12/23/99--01041--002 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | *****70.00 *****70.00 |
| NAME | White, Wayne Thomas | 2.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 11001 N.W. 17 AV. | 2.3 STREET ADDRESS | |
| CITY-STATE-ZIP | Miami, FL 33167 | 2.4 CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Gaiter, Frances W. | 3.2 NAME | |
| STREET ADDRESS | 10800 N.W. 17 AV. | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | Miami, FL 33167 | 3.4 CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Gaiter, Frances W. | 4.2 NAME | |
| STREET ADDRESS | 10800 N.W. 17 AV. | 4.3 STREET ADDRESS | |
| CITY-STATE-ZIP | Miami, FL 33167 | 4.4 CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 5.4 CITY-STATE-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 6.4 CITY-STATE-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.

SIGNATURE: Frances W. Gaiter / Frances W. Gaiter 11-12-1999 6856795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 22, 1999

MAXIMUM PHARMACEUTICAL SERVICES, INC.
10800 NW 17TH AVE
MAIMI, FL 33167 US

SUBJECT: MAXIMUM PHARMACEUTICAL SERVICES, INC.
Ref. Number: S88307

Please be advised, we have received your request to file an amended annual report for the above corporation; however, the document **has not been filed** and is being returned for the following:

The filing fee for an amended annual report is \$61.25.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Leslie Sellers
Document Specialist

Letter Number: 299A00055869