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Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90022 039 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V22219

1. Corporation Name

GOLDEN GATE PHARMACY, INC.

Principal Place of Business

2345 ISLE OF CAPRI RD
NAPLES FL 34116
US

Mailing Address

800 FIFTH AVE. S.
NAPLES FL 34102
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1992

4. FEI Number

65-0322427

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOJCIK, NANCY
800-5TH AVE SOUTH
NAPLES FL 34102

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 ☐ DELETE

NAME
PVT
WOJCIK, JOHN
STREET ADDRESS
800 5TH AVE. S.
CITY-ST-ZIP
NAPLES FL

TITLE ☐ DELETE

NAME
S
WOJCIK, NANCY
STREET ADDRESS
800 5TH AVE. S.
CITY-ST-ZIP
NAPLES FL

TITLE ☐ DELETE

NAME
WOJCIK, NANCY
STREET ADDRESS
800 5TH AVE. S.
CITY-ST-ZIP
NAPLES FL

TITLE ☐ DELETE

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CITY-ST-ZIP
NAPLES FL

TITLE ☐ DELETE

NAME
WOJCIK, NANCY
STREET ADDRESS
800 5TH AVE. S.
CITY-ST-ZIP
NAPLES FL

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99 941-262-5886

Date

Daytime Phone #

CR2E034 (11/98)