FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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 Plac	ce of Business	Mailing Address			— T FORTH ONES ON THE FIRST FIRST TROUBLE FOR SOME	eki dibik birki dibik i	ENDY ENČÍN (DO)
2345 ISLE OF		900 FIFTH AVE. S.					
NAPLES FL 34116 NAPLES FL 34102							
us us					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
2 Dringing C	Place of Business	2a. Mailing Address			03/13/1992 4. FEI Number		V
21 Principal P	,	26. Walling Address			65-0322427		oplied For ot Applicable
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.			00-0022421	\$8.75	
22		27			5. Certifcate of Status Desired	Fee Re	
City & State City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	. ,
Zip Country Zip		Country		8. This corporation owes the current year			
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Register	ed Agent	
wo.	JCIK, NANCY	10	0,1	Mairie			
800-5TH AVE SOUTH		82	Street Addre	ddress (P.O. Box Number is Not Acceptable)			
	PLES FL 34102		83		3 1 2 . Bys 4 . 4 . 5 . 5 . 5 . 5 . 5 . 5 . 5 . 5 .	310) 112.1	
	,						
	•		84	City		L 85 Zip C	Code
11. Pursuant	t to the provisions of Sections 607.05	502 and 607.1508. Florida Statu	tes, the above-	-named corpo	oration submits this statement for the purpose		registered
office or i	registered agent, or both, in the Stat am familiar with, and accept the oblig	te of Florida. Such change was a	authorized by th	he corporatio	on's board of directors. I hereby accept the ap	pointment as re	gistered
ayent. 1 c	ani lamillar with, and accept the obig	gations of, Section 607.0303, Fit	Jilga Statutes.				
OLONIATURE							
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOT)	E: Registered Agent :	signature required	d when reinstating) DATE		
12.	Signature, typed or printed name of registered at OFFICERS A	AND DIRECTORS	E: Registered Agent :	signature required	ADDITIONS/CHANGES TO OFFICERS		
12.	Signature, typed or printed name of registered at OFFICERS A		13. 1.1 TITLE	signature required		AND DIRECTO	PRS IN 12
12. TITLE NAME	Signature, typed or printed name of registered er OFFICERS A PVT WOJCIK, JOHN	AND DIRECTORS	13. 1.† TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICERS		
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ex OFFICERS A PVT WOJCIK, JOHN 800 5TH AVE. S.	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET A	ADDRESS	ADDITIONS/CHANGES TO OFFICERS		
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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 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.

6.4 C/TY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1-4-99 941-262-5886

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90022 039 ***150.00