

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -4 PM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **K03112** (5)
1. Corporation Name
PHARMACIST PREFERRED, INC.

Principal Place of Business: **369 OFFICE PLAZA TALLAHASSEE FL 32301**
Mailing Address: **369 OFFICE PLAZA TALLAHASSEE FL 32301**

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip
25
County
29
City

3. Date Incorporated or Qualified: **11/20/1987**
3a. Date of Last Report: **06/13/1994**
4. FEI Number: **59-3019781**
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. 199.03c, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**KNEE, ALLEN
369 OFFICE PLAZA
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name: **ERIC ALVAREZ**
82 Street Address (P.O. Box Number is Not Acceptable): **3001 NW 7th St**
83
84 City: **MIAMI** FL 85 Zip Code: **33125**

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, as set forth in the State of Florida. 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]* DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: KNEE, ALLEN STREET ADDRESS: 369 OFFICE PLAZA CITY, ST, ZIP: TALLAHASSEE FL	11 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME: DELETE
TITLE: CD	NAME: DAVIES, JOHN STREET ADDRESS: 2909 N. ORANGE AVE CITY, ST, ZIP: ORLANDO FL	21 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME: ERIC ALVAREZ 23 STREET ADDRESS: 3001 NW 7th St 24 CITY, ST, ZIP: MIAMI FL 33125
TITLE: TD	NAME: BROWNING, GEORGE STREET ADDRESS: 141 E. HIBISCUS AVE. CITY, ST, ZIP: MELBOURNE FL	31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME: 300001478353 33 STREET ADDRESS: -05/08/95--01028-010 34 CITY, ST, ZIP: ****675.00 ****225.00
TITLE: SD	NAME: FUCARINO, DAN STREET ADDRESS: 10205 LAKE CARROLL WAY CITY, ST, ZIP: TAMPA FL	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME: TIS 5/4/95
TITLE:	NAME:	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME:
TITLE:	NAME:	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME:
TITLE:	NAME:	71 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	72 NAME:
TITLE:	NAME:	81 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	82 NAME:

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 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or any periodic 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 owner 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 of this report, or on an attached sheet, with an address.

SIGNATURE: X *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR