

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

FILED

Apr 15 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 # K03112 (5)  
1. Corporation Name  
PHARMACIST PREFERRED, INC.



Principal Place of Business Mailing Address  
369 OFFICE PLAZA 369 OFFICE PLAZA  
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301-2729

3. Date Incorporated or Qualified 11/20/1987  
3a. Date of Last Report 04/05/1996

2. Principal Place of Business 2a. Mailing Address  
21 26  
22 Suite, Apt #, etc. 27 Suite, Apt #, etc.  
23 City & State 28 City & State  
24 Zip Country 25 29 Zip Country 30  
4. FEI Number 59-3019781 Applied For Not Applicable  
6. 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

10. Name and Address of New Registered Agent

ALVAREZ, ERIC  
3001 NW 7TH ST.  
MIAMI FL 33125

POSTED

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] DATE 2/5/97

Table with 2 main columns: OFFICERS AND DIRECTORS (12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows include names and addresses for Alvarez, Eric; Browning, George; Fucarino, Dan; and an empty row.

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 included 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: [Signature] DATE 2/5/97 DAYTIME PHONE #

CR2E034 (9/96)