

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

0201997 AV

03-17-2003 90484 050 ***150.00

DOCUMENT # P00000078668

1. Entity Name
PRESCRIPTION CARE PROVIDERS, INC.



Principal Place of Business
**5847 SW 8TH ST
MIAMI FL 33144**

Mailing Address
**5847 SW 8TH ST
MIAMI FL 33144**



2. Principal Place of Business
6991 NW 82 Ave

3. Mailing Address
6991 NW 82 Ave

Suite, Apt. #, etc.
#12

Suite, Apt. #, etc.
#15

City & State
miami, FL

City & State
miami, Florida

Zip
33166

Country
USA

Zip
33166

Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1032596**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PADRON, GUSTAVO L
999 PONCE DE LEON BLVD.
#715
CORAL GABLES FL 33134**

Name **Gustavo L. Padron**

Street Address (P.O. Box Number is Not Acceptable)

6991 NW 82 Ave #15

City **miami**

FL

Zip Code **33166**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** Delete
NAME **PADRON, GUSTAVO L**
STREET ADDRESS **5847 SW 8TH ST**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **PSTD** Change Addition
NAME **Padron, Gustavo L**
STREET ADDRESS **6991 NW 82 Ave #15**
CITY-ST-ZIP **miami, FL 33166**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-591-1751

CR2E034 (10/02)