

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

1012

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000074033 (7)

1. Corporation Name
PRIME MEDICAL PHARMACY, INC.

Principal Place of Business
**3400 CORAL WAY, STE. 101
MIAMI FL 33145**

Mailing Address
**3400 CORAL WAY, STE. 101
MIAMI FL 33145-3053**

3. Date Incorporated or Qualified **09/06/1996** 3a. Date of Last Report

4. FEI Number 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent
**RAMOS, JORGE H
2250 SW 3RD AVE.
MIAMI FL 33129**

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	DPS VALDESUSO, CESAR
STREET ADDRESS	3400 CORAL WAY, STE. 101
CITY-ST-ZIP	MIAMI FL 33145
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DPS Valdesuso, Cesar
1.3 STREET ADDRESS	232 SW 8th street
1.4 CITY-ST-ZIP	Miami, Florida 33100
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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-07/07/97--01198--007
****165.00 ****165.00

JB
7-3-97

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 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.

SIGNATURE: _____

CR2E034 (9/96)

JORGE H. RAMOS, P.A.
ATTORNEY AT LAW

2 of 2

TELEPHONE
(305) 856-0082
FAX
(305) 854-6810

2250 S.W. 3RD AVENUE
5TH FLOOR
MIAMI, FLORIDA 33129

June 26, 1997

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Prime Medical Pharmacy, Inc.
Ref. Number: P96000074033

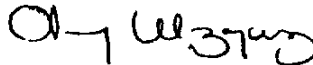
Dear Sir and/or Madame:

According to Tammie's instructions on June 24, 1997, I am returning the corrected corporation annual report with a Prime Medical Care's check number 5731 for \$165.00.

I explained to Tammie the report was mailed to the old address and was received in our office later than the due date. Therefore, I am sending a check for the above amount.

If additional information is required, please contact our office. Your attention to this matter will be greatly appreciated.

Sincerely yours,



Odanny Velazquez
Legal Assistant to Jorge H. Ramos

JHR/ov
Enclosures

cc: Cesar Valdesuso, MD