

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

FILED  
Apr 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000103995 (2)

1. Corporation Name

SCRIPTCARE PHARMACY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

8325 NW 53 STREET  
SUITE 100  
MIAMI FL 33166

P.O. BOX 141966  
CORAL GABLES FL 33114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1996

4. FEI Number

65-0734718

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business		2a. Mailing Address	
21	8125 NW 53 Street	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	116	27	
City & State		City & State	
23	Miami, FL	28	
Zip	Country	Zip	Country
24	33166	25	USA
29		30	

9. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.  
8325 NW 53 STREET  
SUITE 100  
MIAMI FL 33166

10. Name and Address of New Registered Agent

81	Name	Marialena Diaz
82	Street Address (P.O. Box Number is Not Acceptable)	8125 NW 53 Street
83		Suite 116
84	City	Miami
85	Zip Code	FL 33166

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

*Marialena Diaz* Controller

3/29/98

Signature, typed or printed name of registered agent acceptable if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEJAS, PAUL L	1.2 NAME	Julie Neitzel
STREET ADDRESS	200 S BISCAYNE BLVD, SUITE 2410	1.3 STREET ADDRESS	420 Lincoln Road, Suite #432
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Osvaldo Martinez
STREET ADDRESS		2.3 STREET ADDRESS	8125 NW 53 Street, Suite #116
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Pablo Cajas
STREET ADDRESS		3.3 STREET ADDRESS	420 Lincoln Road, Suite #432
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

*Osvaldo Martinez*

OSVALDO MARTINEZ, PRESIDENT

2/25/98

CR2E034 (10/97)