2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 262709

FILED Jan 10, 2005 Secretary of State

Entity Name: THE PRESCRIPTION SHOP OF STUART INC

Current Principal Place of Business:		New Principal Place of Business:		
	RADO AVEN FL 34994	UE		
Current Mailing Address:		ss:	New Mailing Address:	
	PRADO AVEN FL 34994	UE		
El Number	: 59-0975940	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
01 W. 1S	RSON, WM. A ST STREET FL 33497	US		
, OAKI,	1 2 33437			
he above		submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
he above	named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
he above the State	e named entity e of Florida. RE:	submits this statement for the		ed office or registered agent, or both, Date
he above the State	e named entity e of Florida. RE: Electro			
he above the State GNATU	e named entity e of Florida. RE: Electro	nic Signature of Registered Ag	ent	
he above the State GNATU	e named entity e of Florida. RE:Electro mpaign Financir S AND DIREC	nic Signature of Registered Ag ng Trust Fund Contribution (). CTORS:) Delete ERT B,	ent	Date
he above the State GIGNATUI Clection Car DFFICER ittle: lame: ddress:	e named entity e of Florida. RE: Electro mpaign Financir S AND DIRECTO PD (TAYLOR, ROE 1134 N W PIN STUART, FL	nic Signature of Registered Ag ig Trust Fund Contribution (). CTORS:) Delete EERT B, E LAKE DR) Delete	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN H. TAYLOR VP 01/10/2005