## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 2.5-41

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 355241

(1)

MEDICAL ARTS PRESCRIPTION SHOP INC

Principal Place of Business Mailing Address					i tabilad okun bitat bitat kibu bitat bitat	ı Andar Alakı eldir eldir aralı aldırındı
43 W COLUMBIA ST 43 W COLUMBIA S' ORLANDO FL 32806 ORLANDO FL 32806			06			
					3. Date Incorporated or Qualified	3a. Date of Last Report
)					11/13/1969	01/26/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	26		59-1275107	Not Applicable
Suite, Apt #, ctc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Sa.75 Additional Fee Required	
City & State		City & State	<u> </u>		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees		
Zip	Zip Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,	
24	25 29 30			Florida Statutes Yes No		
	9. Name and Address of Curre	ent Registered Agent		<del></del>	10. Name and Address of New R	egistered Agent
BAUI	MSTEIN,JACK			31 Name		ļ
1516 ANCHOR COURT ORLANDO FL 32804			}	32 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	MINDO PL 32004		Ī	83	, , , , , , , , , , , , , , , , , , ,	
{			}	B4 City		lee   Zin Code
				B4 City		FL 85 Zip Code
11. Pursuant I	to the provisions of Sections 607.05 egistered agent, or both, in the Staton familiar with, and accept the objections.	02 and 607,1508, Florida Stat le of Florida. Such change was gations of Section 607,0505	utes, the ab s authorized Florida Statu	ove-named c by the corpo	orporation submits this statement for the pration's board of directors. I hereby acce	purpose of changing its registered ept the appointment as registered
SIGNATURE	The state of the s	garding of, occurring rooms,	TOTAL DIGITAL			
Sicilation	Signature, type dior printed barne of reget in dia	gent and alle it applicable (N	OTF Registered	Agent signature re	equired when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
TITLE	P	☐ DELETE	1.1 TH	.E		Change Addition
NAME	Baumstein, Jack		1,2 NA	AE		
STREET ADDRESS	1516 ANCHOR COURT		1.3 STI	EET ADORESS		
CHIY-SI-709	ORLANDO FL			Y-ST-ZIP	·	
[ FILTE	D	☐ DELETE	21717	.E		Change Addition
NAME	BAUMSTEIN, ROSALIND		22 NA	AE		
STREET ADDRESS	1516 ANCHOR CT.		2.3 ST	BEET ADDRESS		
CITY - ST - ZIP	ORLANDO FL			Y-ST-ZIP		
TITLE		L DELETE	3.1 TIT	]		Change Addition
NAME			3.2 NA		•	
STREET ADDRESS			3.3 51	IEET AODRESS		
CITY - S1 - 7IP				Y-ST-ZIP		, , , , , , , , , , , , , , , , , , ,
THLE		☐ DELETE	4,1 TIT	- 1		Change Addition
NAME			4. 2 N			·
STREET ADDRESS			4.3 STI	EET ADDRESS		ļ
CITY-S1-7:P		[7] <sub>22.5-2-</sub>		Y-ST-ZIP	······································	00
TITLE	}	☐ DELETE	5.1 717	\ \ \		Change Addition
NAME			5.2 NA			
STREET ADDRESS				REET ADDRESS		ı
DITY - ST - ZIP		17 50.55		Y-ST-ZIP		D Nb D AJ 100
TITLE		DELETE	6.1 111	l		☐ Change ☐ Addition
NAME			6.2 NA			
STREET ADDRESS			6.3 ST	REET ADDRESS		

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 supplier ental 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 vector or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name

appears in Block 12 or Block

**FILED** 

Feb 03 1997 8:00am

Secretary of State

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