

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 656410

1. Entity Name
PRESCRIPTION PLAN CORPORATION



Principal Place of Business
**C/O FRED E GLICKMAN ESQ
9200 S. DADELAND BLVD., SUITE 508
MIAMI, FL 33156 US**

Mailing Address
**C/O FRED E GLICKMAN ESQ
9200 S. DADELAND BLVD., SUITE 508
MIAMI, FL 33156 US**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1998279

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GLICKMAN, FRED E., ESQ.
9200 S. DADELAND BLVD., SUITE 508
MIAMI, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000478643
04/08/06 80013-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KONIGSBERG, ALVIN S.
STREET ADDRESS	9200 S DADELAND BLVD, STE 508
CITY- ST- ZIP	MIAMI, FL 33156

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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Alvin Konigsberg* *President 3/3/06 412-279-3222*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #