

FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J30832

(6)

1. Corporation Name

NATIONAL RX SERVICES, INC.

Principal Place of Business

100 SUMMIT AVE
MONTVALE NJ 07645
US

Mailing Address

100 SUMMIT AVE
MONTVALE NJ 07645
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1986

3a. Date of Last Report

03/23/1994

4. FEI Number

59-2738003

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

State, Apt. #, etc.

2a. Mailing Address

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.01(2) 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 the registered agent, Florida Statutes.

SIGNATURE

(If the corporation is a corporation, the registered agent must be a natural person.)

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(If the corporation is a corporation, the registered agent must be a natural person.)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (If 12)

TITLE	PD
NAME	SUTHERN, PAUL C.
STREET ADDRESS	100 SUMMIT AVENUE
CITY, STATE, ZIP	MONTVALE NJ
TITLE	TS
NAME	MARRERO, VICTOR L.
STREET ADDRESS	100 SUMMIT AVENUE
CITY, STATE, ZIP	MONTVALE NJ
TITLE	V
NAME	COOPER, JAMES H.
STREET ADDRESS	100 SUMMIT AVENUE
CITY, STATE, ZIP	MONTVALE NJ
TITLE	VD
NAME	KLEIN, FREDERICK
STREET ADDRESS	100 SUMMIT AVE
CITY, STATE, ZIP	MONTVALE NJ
TITLE	V
NAME	FAILLA, FRANK J.
STREET ADDRESS	100 SUMMIT AVENUE
CITY, STATE, ZIP	MONTVALE NJ
TITLE	V
NAME	MELE, CHARLES A.
STREET ADDRESS	100 SUMMIT AVENUE
CITY, STATE, ZIP	MONTVALE NJ

TITLE	PD	☒ Change ☐ Addition
NAME	Thompson, Terry R	
STREET ADDRESS	100 Summit Avenue	
CITY, STATE, ZIP	Montvale, NJ 07645	
TITLE	T	☒ Change ☐ Addition
NAME	Dorsa, Caroline	
STREET ADDRESS	100 Summit Avenue	
CITY, STATE, ZIP	Montvale, NJ 07645	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE	V	☒ Change ☐ Addition
NAME	Findling, Michael	
STREET ADDRESS	100 Summit Avenue	
CITY, STATE, ZIP	Montvale, NJ 07645	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stipulated in law (see 119.02(1)(b), Florida Statutes). I further certify that the information included 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 person or persons empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, or on an attachment with an address.

SIGNATURE:

Frank J. Failla Jr

Frank J. Failla, Jr

04/26/95

(201)358-5400

SIGNATURE AND TITLE OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR