

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L03600 (8)

1. Corporation Name
MANAGEMENT PRESCRIPTIVES, INC.



Principal Place of Business: **Powers, Pyles, Sutter & Verville, P.C.**
1275 PENNSYLVANIA AVE NW THIRD FLOOR WASHINGTON DC 20004-2404
Mailing Address: **% POWERS, PYLES & SUTTER P.C.**
1275 PENNSYLVANIA AVE NW THIRD FLOOR WASHINGTON DC 20004-2404

2. Principal Place of Business		2a. Mailing Address	
21 Powers, Pyles, Sutter & Verville, P.C. same as principal		26 same as principal	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 07/20/1989	3a. Date of Last Report 05/31/1995
4. FEI Number 65-0136711	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SPENCER, DAVID S. 5911A BRECKENRIDGE PKWY TAMPA FL 33610				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				FL			

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 _____ (Signature typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent Signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, DAVID S.	1.2 NAME	
STREET ADDRESS	5911-A BRECKENRIDGE PARKWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33610	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANASTASIO, LANCE W.	2.2 NAME	
STREET ADDRESS	200 AVE. F, NE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	2.4 CITY - ST - ZIP	
TITLE	DVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAISTAIN, GEORGE M. MD	3.2 NAME	
STREET ADDRESS	417 THIRD AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ALBANY GA	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, GALEN D.	4.2 NAME	
STREET ADDRESS	1275 PENNSYLVANIA, AVE 3RD FLOOR	4.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC	4.4 CITY - ST - ZIP	
TITLE		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* 2-25-96 202-466-6550
SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE DATE

CR2E034 (12/95)