

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L03600 (8)
1. Corporation Name
MANAGEMENT PRESCRIPTIVES, INC.



Principal Place of Business
5911-A BRECKENRIDGE PKWY.
TAMPA FL 33610
US

Mailing Address
5911-A BRECKENRIDGE PKWY.
TAMPA FL 33610
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/20/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0136711	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SPENCER, DAVID S
5911A BRECKENRIDGE PKWY
TAMPA FL 33610

10. Name and Address of New Registered Agent

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 607.0502 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	SPENCER, DAVID S	
STREET ADDRESS	5911-A BRECKENRIDGE PARKWAY	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ANASTASIO, LANCE W	
STREET ADDRESS	200 AVE. F, NE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CHAISTAIN, GEORGE M MD.	
STREET ADDRESS	417 THIRD AVE.	
CITY-ST-ZIP	ALBANY GA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	POWERS, GALEN K	
STREET ADDRESS	1875 I STREET, 12TH FLOOR	
CITY-ST-ZIP	N.W. WASHINGTON DC 20006-5409	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, RONALD L	
STREET ADDRESS	3146 BLACKHAW MEADOW DRIVE	
CITY-ST-ZIP	DANVILLE CA 94506	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, KEN E	
STREET ADDRESS	809 HIGHWAY 1, WEST	
CITY-ST-ZIP	IOWA CITY IA 52246	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KRIZEK, THOMAS	
1.3 STREET ADDRESS	HARBORSIDE MEDICAL TOWER, SUITE 430	
1.4 CITY-ST-ZIP	4 COLUMBIA DR., TAMPA, FL 33606	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 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:

David Spencer

3/23/98

CR2E034 (10/97)