

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L33249 (8)

1. Corporation Name
RX DOCTOR'S ORDERS, INC.



Principal Place of Business
17251-1 ALICO CTR RD
FORT MYERS FL 33912
US

Mailing Address
17251-1 ALICO CTR RD
FORT MYERS FL 33912
US

3. Date Incorporated or Qualified 11/28/1989	3a. Date of Last Report 02/24/1995
4. FEI Number 65-0195238	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 has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

MAUGHAN, KEVIN P
DOCTORS ORDERS
3830 EVANS AVE
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
STREET ADDRESS	DELET	1.2 NAME	
CITY-ST-ZIP		1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY-ST-ZIP	Change Addition
STREET ADDRESS	DELET	2.1 TITLE	
CITY-ST-ZIP		2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	Change Addition
STREET ADDRESS	DELET	2.4 CITY-ST-ZIP	
CITY-ST-ZIP		3.1 TITLE	Change Addition
TITLE	NAME	3.2 NAME	
STREET ADDRESS	DELET	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Change Addition
TITLE	NAME	4.1 TITLE	
STREET ADDRESS	DELET	4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	Change Addition
TITLE	NAME	4.4 CITY-ST-ZIP	
STREET ADDRESS	DELET	5.1 TITLE	Change Addition
CITY-ST-ZIP		5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	DELET	5.4 CITY-ST-ZIP	Change Addition
CITY-ST-ZIP		6.1 TITLE	
TITLE	NAME	6.2 NAME	Change Addition
STREET ADDRESS	DELET	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)