

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

FILED
Jun 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 17251 ALICO CTR RD Suite, Apt. #, etc. 22 1 23 FORT MYERS FL City & State 24 33912 Zip 25 Country	26 2446 PALAYA CT SOUTH Suite, Apt. #, etc. 27 28 PUNTA GORDA FL City & State 29 33983 Zip 30 Country

3. Date Incorporated or Qualified 11/28/1989	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent	
WRIGHT, DAVID 9241 OLD E HICKORY FT MYERS FL 33901	

10. Name and Address of New Registered Agent	
81 Name WRIGHT, DAVID	82 Street Address (P.O. Box Number is Not Acceptable) 105 E. MARION AVENUE
83	84 City PUNTA GORDA FL
85 Zip Code 33950	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAUGHAN, KEVIN P	1.2 NAME			
STREET ADDRESS	0012 WHITE HERON LN	1.3 STREET ADDRESS			
CITY-ST-ZIP	SANIBEL FL	1.4 CITY-ST-ZIP			
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WRIGHT, DAVID	2.2 NAME			
STREET ADDRESS	9241 OLD E HICKORY	2.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP			
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 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.

CR2E034 (10/97)