

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

**APPROVED  
AND  
FILED**

**95 MAY -4 PM 9:44**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**

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

**DOCUMENT # M69174 (4)**

1. Corporation Name  
**PREFERRED PHARMACY, INC.**

Principal Place of Business Mailing Address

**369 OFFICE PLAZA  
TALLAHASSEE FL 32301**      **369 OFFICE PLAZA  
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified **02/22/1988**      3a. Date of Last Report **06/13/1994**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 29. Country

4. FEI Number **59-3019779**      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. 199.03c, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**KNEE, ALLEN  
369 OFFICE PLAZA  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name **ERIC ALVAREZ**

B2 Street Address (P.O. Box Number is Not Acceptable) **3001 NW 7th St**

B3

B4 City **Miami**      FL      B5 Zip Code **33125**

11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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]*      Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KNEE, ALLEN
STREET ADDRESS	369 OFFICE PLAZA
CITY, ST, ZIP	TALLAHASSEE FL
TITLE	CD
NAME	DAVIES, JOHN
STREET ADDRESS	2909 N. ORANGE AVE
CITY, ST, ZIP	ORLANDO FL
TITLE	TD
NAME	BROWNING, GEORGE
STREET ADDRESS	141 E. HIBISCUS AVE
CITY, ST, ZIP	MELBOURNE FL
TITLE	SD
NAME	FUCARINO, DAN
STREET ADDRESS	10205 LAKE CARROLL WAY
CITY, ST, ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	DELETE
14 CITY, ST, ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	CD
23 STREET ADDRESS	ERIC ALVAREZ
24 CITY, ST, ZIP	3001 NW 7th St Miami FL 33125
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

**100001478351  
-05/08/95--01026--010  
\*\*\*\$75.00 \*\*\*\$225.00**

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 110.07(3)(b), 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 president 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]*      Date: \_\_\_\_\_      Secretary's Name: \_\_\_\_\_