


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90013 016 ***150.00

DOCUMENT # P00000003541 1. Entity Name PRESCRIPTION SERVICES, INC.	
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Principal Place of Business 9200 S. DADELAND BLVD. SUITE 508 MIAMI, FL 33156	Mailing Address 9200 S. DADELAND BLVD. SUITE 508 MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GLICKMAN, FRED E
9200 S. DADELAND BLVD.
SUITE 508
MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAWADA, SEYMOUR 4907 NORTH UNIVERSITY DRIVE LAUDERHILL, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KONIGSBERG, ALVIN S 9200 S DADELAND BLVD, STE 508 MIAMI, FL 33156
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ALVIN KONIGSBERG** President 03/07/07-212-279-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #