

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90193 017 ***150.00

DOCUMENT # P00000014439

1. Entity Name

R N A PRESCRIPTON SERVICES, INC.



Principal Place of Business

5501 N. FEDERAL HIGHWAY
SUITE D
BOCA RATON, FL 33487 US

Mailing Address

5501 N. FEDERAL HIGHWAY
SUITE D
BOCA RATON, FL 33487 US

DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0990584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHUNG, ANDRIENNE A
9486 AEGEAN DRIVE
BOCA RATON, FL 33496

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CHUNG, DENNIS
STREET ADDRESS	9486 AEGEAN DR
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	V
NAME	CHUNG, LUCILLE
STREET ADDRESS	9486 AEGEAN DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	P
NAME	CHUNG, ANDRIENNE
STREET ADDRESS	9486 AEGEAN DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	S
NAME	BYARS, ALBERT
STREET ADDRESS	9486 AEGEAN DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	TVP
NAME	CHUNG, JEROME
STREET ADDRESS	9486 AEGEAN DRIVE
CITY-ST-ZIP	BOCA RATON, FL 334966683
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/04 561-988-8118