2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Sep 04, 2003 8:00 am Secretary of State P00000014439 DOCUMENT # 09-04-2003 90066 034 ***558.75 1. Entity Name R N A PRESCRIPTON SERVICES, INC. Principal Place of Business Mailing Address 5501 N. FEDERAL HIGHWAY 5501 N. FEDERAL HIGHWAY **BOCA RATON FL 33487 BOCA RATON FL. 33487** 2. Principal Place of Busines ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-0990584 Not Applicable \$8.75 Additional Mr Basil 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name _ . _ . _ _ CHUNG, ANDRIENNE A Street Address (P.O. Box Number is Not Acceptable) 9486 AEGEAN DRIVE **BOCA RATON FL 33496** City Zip Code 8. The above named entity submits thi 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 Signature, typed or dia DATE name of registered agent and title if ed Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Addition CHUNG, DENNIS NAME NAME 9486 AEGEAN DR STREET ADDRESS STREET ADDRESS ARGEAN **BOCA RATON FL 33496** CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE CHUNG, LUCILLE NAME NAME 9486(ARGEAN DR.) STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP CITY-ST-ZIP Change TITLE. Delete ---TITI F ■ Addition CHUNG, ANDRIENNE NAME NAME STREET ADDRESS 9486 (ARGOAN DR) STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE □ Change ☐ Addition BYANS, ALBERT NAME NAME 9486 ARGEAN DR STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 unit an address, with all other like empowered.

Affactment P00000014439 (1) Whom It MM Criso143767 3/4/03 Led 5 for 558 = Cle-11 \$ 2304 De Jee Johnson.

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