2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005
Secretary of State

DOCUMENT# P03000109751

Entity Name: PRESCRIPTION MEDICATION SUPPLY CENTER, INC.

Current Principal Place of Business:

318 S.E. 15TH AVENUE
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

318 S.E. 15TH AVENUE
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 57-1190430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITE, RUSSELL A
1401 EAST BROWARD BOULEVARD
SUITE 300
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FELD, DOROTHY
Address: 318 S.E. 15TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D ( ) Delete
Name: FELD, MICHAEL
Address: 318 S.E. 15TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D ( ) Delete
Name: FELD, RICHARD
Address: 2838 ABBEY MANOR CIRCLE
City-St-Zip: BROOKEVILLE, MD 20833

Title: D ( ) Delete
Name: FELD, JEFFREY
Address: 1413 KELSO BLVD.
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY FELD PRES 03/23/2005

Electronic Signature of Signing Officer or Director — Date