


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90021 014 \*\*\*150.00

<b>DOCUMENT # P03000111845</b> 1. Entity Name <b>DISCOUNT PRESCRIPTION CARE, INC.</b>			
Principal Place of Business <b>2727 NORTH OCEAN BLVD STE A205 BOCA RATON, FL 33431</b>		Mailing Address <b>2727 NORTH OCEAN BLVD STE A205 BOCA RATON, FL 33431</b>	
2. Principal Place of Business <b>4301 Coconut Crk Pkwy</b> Suite, Apt. #, etc. <b>B.</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Coconut Crk FL</b>		City & State	
Zip <del>33066</del> <b>(Broward)</b> Country		Zip Country	
<b>33066</b> 6. Name and Address of Current Registered Agent <b>EMERY, MICHAEL R ONE FINANCIAL PLAZA STE 2020 FORT LAUDERDALE, FL 33394</b>		7. Name and Address of New Registered Agent Name <b>THEODORE COHEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2727 North Ocean Blvd Ste A205</b> <del>05-0588603</del> City <b>BOCA RATON</b> FL Zip Code <b>33431</b>	
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: <u>Theodore Cohen</u> <b>President (THEODORE COHEN)</b> <b>Feb 19-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS COHEN, THEODORE 2727 NORTH OCEAN BLVD STE A205 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT HIRSCHORN, RONALD 2727 NORTH OCEAN BLVD STE A205 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Theodore Cohen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2/19/04</b> Daytime Phone # <b>954-968-6221</b>	