

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000111845



1. Entity Name  
DISCOUNT PRESCRIPTION CARE, INC.

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

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

Principal Place of Business  
2727 NORTH OCEAN BLVD STE A205  
BOCA RATON, FL 33431

Mailing Address  
2727 NORTH OCEAN BLVD STE A205  
BOCA RATON, FL 33431

2. Principal Place of Business  
**4301 COCONUT CRK PTWY**

Suite, Apt. #, etc.  
**B.**

3. Mailing Address

State, Apt. #, etc.

City & State  
**COCONUT CRK FL**

Zip \_\_\_\_\_ Country \_\_\_\_\_

**Beoward.**

City & State

Zip \_\_\_\_\_ Country \_\_\_\_\_

33066 6. Name and Address of Current Registered Agent

EMERY, MICHAEL R  
ONE FINANCIAL PLAZA STE 2020  
FORT LAUDERDALE, FL 33394

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 Theodore Cohen

President (Theodore Cohen) Feb 19-04

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 DPS  
NAME COHEN, THEODORE  
STREET ADDRESS 2727 NORTH OCEAN BLVD STE A205  
CITY-ST-ZIP BOCA RATON, FL 33431

Delete

TITLE DVT  
NAME HIRSCHORN, RONALD  
STREET ADDRESS 2727 NORTH OCEAN BLVD STE A205  
CITY-ST-ZIP BOCA RATON, FL 33431

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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: Theodore Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04 954-968-6221  
Date Daytime Phone #