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VINOD ARORA

**FILED**  
**May 30, 2007 8:00 am**  
**Secretary of State**

05-30-2007 90006 033 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P04000022341**

1. Entity Name  
**PRESCRIPTION SHOPPES LONG TERM CARE, INC**



Principal Place of Business  
**203 HERRELL RD  
WINTER SPRINGS, FL 32708**

Mailing Address  
**203 HERRELL RD  
WINTER SPRINGS, FL 32708**

40119068



**DO NOT WRITE IN THIS SPACE**

05232007 No Chg-P CI 02E034 (11/05)

4. FEI Number  
**20-0666467**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**AMIN, SAMIR V  
203 HERRELL RD  
WINTER SPRINGS, FL 32708**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.19(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

|                |                          |
|----------------|--------------------------|
| TITLE          | P                        |
| NAME           | AMIN, SAMIR V            |
| STREET ADDRESS | 203 HERRELL RD           |
| CITY-ST-ZIP    | WINTER SPRINGS, FL 32708 |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or authorized person 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

Day/Month/Year