2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# P04000022341

Entity Name: PRESCRIPTION SHOPPES LONG TERM CARE, INC

Current Principal Place of Business:

14032 CHICORA CROSSING BLVD
ORLANDO, FL 32828

New Principal Place of Business:

3690 AVALON PARK BLVD. WEST
ORLANDO, FL 32828

Current Mailing Address:

14032 CHICORA CROSSING BLVD
ORLANDO, FL 32828

New Mailing Address:

3690 AVALON PARK BLVD. WEST
ORLANDO, FL 32828

FEI Number: 20-0666467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AMIN, SAMIR V
14032 CHICORA CROSSING BLVD
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

AMIN, SAMIR V
3690 AVALON PARK BLVD. WEST
ORLANDO, FL 32828 US

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: 03/27/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AMIN, SAMIR V
Address: 14032 CHICORA CROSSING BLVD
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: AMIN, SAMIR V
Address: 3690 AVALON PARK BLVD. WEST
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SAMIR V. AMIN RA 03/27/2009
Electronic Signature of Signing Officer or Director — Date