


5500w

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000172597

1. Entity Name
PROCARE PHARMACY BENEFIT MANAGER, INC.



Principal Place of Business Mailing Address

3891 COMMERCE PARKWAY 3891 COMMERCE PARKWAY
MIRAMAR, FL 33025 MIRAMAR, FL 33025

DO NOT WRITE IN THIS SPACE



08092006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

~~57-1176550~~ 58-2422694 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURGESS, ROGER
3891 COMMERCE PARKWAY
MIRAMAR, FL 33025

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

100078993924
08/22/06--01031--007 **600.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGESS, ROGER 3891 COMMERCE PARKWAY MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGESS, BARBARA 3891 COMMERCE PARKWAY MIRAMAR, FL 33025
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: Steven Drucker Steven Drucker 8/9/06 678-248-3134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #