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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P2233

1. Corporation Name
PRESCRIPTIVES SERVICES INC.

(8)

	FILE	ED
Apr 1	1 199	7 8:00am
Sec	retary	of State

Principal Piace of Business Mailing Address C/O TAX DEPARTMENT C/O TAX DEPARTMENT 125 PINELAWN ROAD 125 PINELAWN ROAD MELVILLE NY 11747 MELVILLE NY 11747-3145									
						3. Date Incorporated or Qualified 12/23/1988	3a. D.	ate of Last 1/30/199	Report 6
2. Principal	Place of Business	2a. Mailing Add	dress	,		4. FEI Number 13-3488667		——	Applied For Not Applicable
Suite, Apt	t #, etc.	Suite, Apt. i	#, etc			5. Certificate of Status Desired		\$8.75	Additional Required
City & Sta	ato	City & State)			6. Election Campaign Financing			0 May Be
₹31 7m	Country			Country		Trust Fund Contribution			l lo Fees
Zip 14	25 Codmity	29	30	າ ໌		8. This corporation has liability for i	intangible] Yes [s. 199.032,
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re			
	HE PRENTICE-HALL CORPORA	TION SYSTEM, INC.		B1	Name	:			
	10 NORTH MAGNOLIA STREET IRST FLORIDA BANK BUILDING	i.		82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
	ALLAHASSEE FL 32301	•		83		······································			
,									
				84	City		FL	85 Zíp	o Code
						poration submits this statement for the pation's board of directors. I hereby accepaired when reinstating)	DATE		
agent i SIGNATURE 12.	Styrature, typed or portion name of registered	agent and title if applicable	(NOTE: Re				DATE	DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Stgrature, typed or portion range of registered. OFFICERS A	agent and title if applicable		egistered Age		ired when reinstating)	DATE		ORS IN 12
SIGNATURE 12. TITLE NAME	Stgrature, typed or portion name of registered. P OFFICERS A NIELSEN, ROBERT 125 PINELAWN RD	agent and title if applicable	(NOTE: Re	13. 1.1 THLE 1.2 NAME	ent signature requi	ired when reinstating)	DATE	DIRECTO	ORS IN 12
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information indicated on this annual proof of supplemental annual 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 Brock 12 or Block 13 or changed, or on an anatoment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0006048