

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P22338 (8)**

1. Corporation Name  
**PRESCRIPTIVES SERVICES INC.**



Principal Place of Business <b>C/O TAX DEPARTMENT                  125 PINELAWN ROAD                  MELVILLE NY 11747</b>	Mailing Address <b>C/O TAX DEPARTMENT                  125 PINELAWN ROAD                  MELVILLE NY 11747</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 7 Corporate Center Dr.</b> Suite, Apt. #, etc. <b>22 Attn: Tax Dept.</b> City & State <b>23 Melville, NY</b> Zip <b>24 11747</b>	2a. Mailing Address <b>26 7 Corporate Center Dr</b> Suite, Apt. #, etc. <b>27 Attn: Tax Dept</b> City & State <b>28 Melville, NY</b> Zip <b>29 11747</b>
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3. Date Incorporated or Qualified <b>12/23/1988</b>	4. FEI Number <b>13-3488667</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 110 NORTH MAGNOLIA STREET  
 FIRST FLORIDA BANK BUILDING  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>NIELSEN, ROBERT</b>	
STREET ADDRESS	<b>125 PINELAWN RD</b>	
CITY-ST-ZIP	<b>MELVILLE, NY.</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DARLAND, TERRY</b>	
STREET ADDRESS	<b>125 PINELAWN RD</b>	
CITY-ST-ZIP	<b>MELVILLE NY</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>MAGRAM, SAUL H.</b>	
STREET ADDRESS	<b>125 PINELAWN ROAD</b>	
CITY-ST-ZIP	<b>MELVILLE NY</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>BIGLER, ROBERT J</b>	
STREET ADDRESS	<b>125 PINELAWN RD.</b>	
CITY-ST-ZIP	<b>MELVILLE NY</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>RICHTER, GARY S.</b>	
STREET ADDRESS	<b>125 PINELAWN ROAD</b>	
CITY-ST-ZIP	<b>MELVILLE NY</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>PORRETTO, JAMES</b>	
STREET ADDRESS	<b>125 PINELAWN RD.</b>	
CITY-ST-ZIP	<b>MELVILLE NY</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>7 Corporate Center Drive</b>
1.4 CITY-ST-ZIP	<b>Melville, NY 11747</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Uice President/Treasurer</b>
2.3 STREET ADDRESS	<b>Andri's Anuzis</b>
2.4 CITY-ST-ZIP	<b>7 Corporate Center Drive</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>7 Corporate Center Drive</b>
3.4 CITY-ST-ZIP	<b>Melville, NY 11747</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Sr. V.P. / CFO</b>
4.3 STREET ADDRESS	<b>7 Corporate Center Drive</b>
4.4 CITY-ST-ZIP	<b>Melville, NY 11747</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>7 Corporate Center Drive</b>
5.4 CITY-ST-ZIP	<b>Melville, NY 11747</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>7 Corporate Center Drive</b>
6.4 CITY-ST-ZIP	<b>Melville, NY 11747</b>

14. 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 annual report or 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 Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **X J. Porretto** **JAMES PORRETTO** ASSISTANT SECRETARY **4/28/98 96-847-6347**

CR2E034 (10/97)