

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P22338** (8)
1. Corporation Name
PRESCRIPTIVES SERVICES INC.

Principal Place of Business C/O TAX DEPARTMENT 125 PINELAWN ROAD MELVILLE NY 11747	Mailing Address C/O TAX DEPARTMENT 125 PINELAWN ROAD MELVILLE NY 11747
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7 Corporate Center Dr. Suite, Apt. #, etc. 22 Attn: Tax Dept. City & State 23 Melville, NY Zip 24 11747		2a. Mailing Address 26 7 Corporate Center Dr Suite, Apt. #, etc. 27 Attn: Tax Dept City & State 28 Melville, NY Zip 29 11747		3. Date Incorporated or Qualified 12/23/1988	
				4. FEI Number 13-3488667	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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	
				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	P			1.1 TITLE			
NAME	NIELSEN, ROBERT			1.2 NAME			
STREET ADDRESS	125 PINELAWN RD			1.3 STREET ADDRESS	7 Corporate Center Drive		
CITY-ST-ZIP	MELVILLE, NY.			1.4 CITY-ST-ZIP	Melville, NY 11747		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice President/Treasurer		
NAME	DARLAND, TERRY			2.2 NAME	Andri's Anuzis		
STREET ADDRESS	125 PINELAWN RD			2.3 STREET ADDRESS	7 Corporate Center Drive		
CITY-ST-ZIP	MELVILLE NY			2.4 CITY-ST-ZIP	Melville, NY 11747		
TITLE	VS	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAGRAM, SAUL H.			3.2 NAME			
STREET ADDRESS	125 PINELAWN ROAD			3.3 STREET ADDRESS	7 Corporate Center Drive		
CITY-ST-ZIP	MELVILLE NY			3.4 CITY-ST-ZIP	Melville, NY 11747		
TITLE	VT	<input type="checkbox"/> DELETE		4.1 TITLE	S.V.P. / CFO		
NAME	BIGLER, ROBERT J			4.2 NAME			
STREET ADDRESS	125 PINELAWN RD.			4.3 STREET ADDRESS	7 Corporate Center Drive		
CITY-ST-ZIP	MELVILLE NY			4.4 CITY-ST-ZIP	Melville, NY 11747		
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHTER, GARY S.			5.2 NAME			
STREET ADDRESS	125 PINELAWN ROAD			5.3 STREET ADDRESS	7 Corporate Center Drive		
CITY-ST-ZIP	MELVILLE NY			5.4 CITY-ST-ZIP	Melville, NY 11747		
TITLE	AS	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PORRETTO, JAMES			6.2 NAME			
STREET ADDRESS	125 PINELAWN RD.			6.3 STREET ADDRESS	7 Corporate Center Drive		
CITY-ST-ZIP	MELVILLE NY			6.4 CITY-ST-ZIP	Melville, NY 11747		

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 James Porretto**
JAMES PORRETTO
ASSISTANT SECRETARY
4/28/98 96-847-6347

CR2E034 (10/97)