

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90143 045 ***150.00

DOCUMENT # P22338

1. Entity Name

PRESCRIPTIVES SERVICES INC.

Principal Place of Business

Mailing Address

**CORPORATE CENTER DR
TAX DEPT
NY 11741**

**7 CORPORATE CENTER DR
ATTN TAX DEPT
MELVILLE NY 11747-3115
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3488667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	NIELSEN, ROBERT	7 CORPORATE CENTER DR	MELVILLE, NY. 11747	<input type="checkbox"/>
VPT	ANUZIS, A	7 CORPORATE CENTER DR	MELVILLE NY 11747	<input type="checkbox"/>
VS	MAGRAM, SAUL H.	7 CORPORATE CENTER DR	MELVILLE NY 11747	<input type="checkbox"/>
VPC	BIGLER, ROBERT J	7 CORPORATE CENTER DR	MELVILLE NY 11747	<input type="checkbox"/>
VPT	GIBIAN, GERALD Z	7 CORPORATE CENTER DR	MELVILLE NY 11747	<input type="checkbox"/>
AS	PORRETTO, JAMES	7 CORPORATE CENTER DR	MELVILLE NY 11747	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	None Appointed				
Secretary	Paul E. Kohnen	7 Corporate Center Dr.	Melville, NY 11747	<input checked="" type="checkbox"/>	<input type="checkbox"/>

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

REQUIRED
JAMES PORRETTO
ASSISTANT SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00
Date

631-847-6347
Daytime Phone #

CR2E034 (9/99)