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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000011747 (1)
1. Corporation Name

SIGNATURE: Signature and typed or printed name of signing officer or dar

MANAGED CARE PRESCRIPTION SERVICES.INC.

Principal Place of Business 6801 LAKE WORTH RD STE 324 LAKE WORTH FL 33467 US		Mailing Address	Mailing Address			88141	18 Sty 18 Sty 16 Sty 18 Sty
		6801 LAKE WORTH RD STE 324 LAKE WORTH FL 33467 US					
				3. Date Incorporated or Qualified 02/08/1993	3a. Date of Las 05/12/	1995	
2. Principal Place of Business		2a. Mailing Address 26		4. FEt Number 65-0413995	-	Applied For Not Applicable	
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	11	.75 Additional
22		27				F	ee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Z ip	Country	28	Count	ry	8. This corporation has liability for		
24	25	29	30	<u></u>		No	
1	9. Name and Address of Curre	nt Registered Agent	8	4 Name	10. Name and Address of New F	legistered Agent	
			*	1			
SAEGER, WILLIAM T			82 Street A		Idress (P.O. Box Number is Not Acceptat	ole)	
	ARWATER DRIVE		8	13			
JUPITER F	L 334//		:	4 City		85	Zip Code
					poration submits this statement for the purposed of directors. Thereby accent the ann	FL	·
familiar with,	and accept the obligations of, Sec gnature, typed or printed name of registered ago	ction 607.0505, Florida Statutes	s. 		oard of directors. I hereby accept the app	DATE	
SIGNATURE				gent signature requ	uired when reinstating)		CTORS IN 12
12.		ND DIRECTORS	13.		uired virtien reinstating: ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	
12. TILLE	OFFICERS A		13. 1. 1 Titt	E	ured when renetating: ADDITIONS/CHANGES TO OFF		
12. TILE NAME	OFFICERS AT T DANDLEY, CALVIN	ND DIRECTORS	13. 1. 1 TITO 1.2 NAM	E	ured when renelating: ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	
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