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

Mailing Address

6801 LAKE WORTH RD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000011747

Principal Place of Business

6801 LAKE WORTH RD

MANAGED CARE PRESCRIPTION SERVICES.INC.

| STE 324 LAKE WORTH FL 33467 | | STE 324 | | | | DO NOT WRITE IN THIS SPACE | | | |
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| US | | LAKE WORTH FL 33467 US | | | - | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | | |
| 00 | | 00 | | | | Ψ. | 02/08/1993 | | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | | | 4, F | El Number | 1 | Applied For |
| 21 | | 26 | | | | 6 | 65-04 13995 | 1 | Not Applicable |
| Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | | | | م اء | Certificate of Status Desired ` | \$8.75 | Additional |
| 22 | | 27 | | | | 5.; C | to a status Desired | Fee F | Required |
| City & Sta | te | City & State | | | | 6. E | lection Campaign Financing | \$5.00 | May Be |
| 23 | | 28 | | | | (T | rust Fund Contribution | Added | d to Fees |
| Zip | Country | Zip | Country | У | | - 1 | his corporation owes the current year Into | | _ |
| 24 | 25 | | 30 | | | | Personal Property Tax. | ∐Yes | □No |
| | 9. Name and Address of Curren | t Registered Agent | 81 | 4 No | ame 1 | 10! ^ | lame and Address of New Registered | Agent | |
| SAF | GER. WILLIAM T | | *' | ' Na | ame | i | | | ļ |
| 3900 SHEARWATER DRIVE | | | 82 Street Add | | reet Address | s (P.C | D. Box Number is Not Acceptable) | | <i>'</i> . |
| JUPITER FL 33477 | | | <u></u> | <u></u> | | | | | |
| 301 | 11EN 1 E 33477 | | 83 | 3 | | | • | | |
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| office or i | registered agent, or both, in the State | of Florida. Such change was aut | horized by | v the | med corporat corporation's | ation s s boar | submits this statement for the purpose of rd of directors. I hereby accept the appoir | cnanging i ntment as i | ts registered |
| agent. I a | am familiar with, and accept the obliga | tions of, Section 607.0505, Floric | da Statute | S. | · | | | | _ |
| SIGNATURE | | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| 40 | Signature, typed or printed name of registered ager | nt and title if applicable. (NOTE: R | 13. | ent sign | ature required whe | <u>:</u> | stating) DATE DITIONS/CHANGES TO OFFICERS AN | D DIDECT | TODE IN 42 |
| 12. | OFFICERS AN | D DIVECTORS | | | | | | ひりばたし | |
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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 on an attachment with an address, with all other like empowered.

FILED

Feb 19, 1999 8:00am

Secretary of State

02-19-1999 90039 043 ***150.00

in the