SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:04

DOCUMENT # **P93000023017 (5)**

1. Corporation Name
PHARMACEUTICAL RECOVERY SERVICES, INC.

Principal Place of Business	Mailing Address
1890 SEMORAN BLVD. SUITE 339 WINTER PARK FL 32792	1890 SEMORAN BLVD. SUITE 339 WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/26/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22: Suite 385 / 27: Suite 385
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3174579 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZOOK, RONALD M 1890 SEMORAN BLVD. SUITE 339 WINTER PARK FL 32792	81 Name: ZOOK, ROBIN L. 82 Street Address (P.O. Box Number is Not Acceptable): 1890 Semoran Blvd. 83: Suite 385 84 City: Winter Park FL 85 Zip Code: 32792

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: Robin L. Zook, Vice-President — DATE: 6/23/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	President	☒ Change ☐ Addition
NAME	ZOOK, RONALD MICHAEL	1.2 NAME	ZOOK, ROBERT L.	
STREET ADDRESS	1890 SEMORAN BLVD	1.3 STREET ADDRESS	1890 Semoran Blvd., Ste #385	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Winter Park, FL 32792	
TITLE		2.1 TITLE	Vice-President	☒ Change ☒ Addition
NAME		2.2 NAME	ZOOK, ROBIN L.	
STREET ADDRESS		2.3 STREET ADDRESS	1890 Semoran Blvd., Ste #385	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Winter Park, FL 32792	
TITLE		3.1 TITLE	Secretary	☒ Change ☒ Addition
NAME		3.2 NAME	ZOOK, MARIANNE R.	
STREET ADDRESS		3.3 STREET ADDRESS	1890 Semoran Blvd., Ste #385	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Winter Park, FL 32792	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Robert L. Zook, President — 6/23/95 — 407-679-9040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000670Y CR