

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P93000023017 (5)**

1. Corporation Name

**PHARMACEUTICAL RECOVERY SERVICES, INC.**



Principal Place of Business

Mailing Address

1890 SEMORAN BLVD.  
SUITE 385  
WINTER PARK FL 32792  
US

1890 SEMORAN BLVD.  
SUITE 385  
WINTER PARK FL 32792  
US

3. Date Incorporated or Qualified  
**03/26/1993**

3a. Date of Last Report  
**06/28/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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, ROBIN L.  
1890 SEMORAN BLVD.  
SUITE 385  
WINTER PARK FL 32792**

81 Name **Griffin, Keith A.**

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

Signature, typed or printed name of registered agent and the applicable

**Keith A. Griffin**

(NOTE: Registered Agent signature required when registering)

**6/14/96**

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZOOK, ROBERT L.</b>	
STREET ADDRESS	<b>1890 SEMORAN BLVD., SUITE 385</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZOOK, ROBIN L.</b>	
STREET ADDRESS	<b>1890 SEMORAN BLVD., SUITE 385</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZOOK, MARIANNE R.</b>	
STREET ADDRESS	<b>1890 SEMORAN BLVD., SUITE 385</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Griffin, Keith A.</b>	
13 STREET ADDRESS	<b>1890 Semoran Blvd, Suite 385</b>	
14 CITY-ST-ZIP	<b>Winter Park, FL 32792</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	S/T	
22 NAME	<b>Youderian, Jerome L.</b>	
23 STREET ADDRESS	<b>1890 Semoran Blvd., Suite 385</b>	
24 CITY-ST-ZIP	<b>Winter Park, FL 32792</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE	<b>Cohen, Melvin</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>1890 Semoran Blvd., Suite 385</b>	
33 STREET ADDRESS	<b>Winter Park, FL 32792</b>	
34 CITY-ST-ZIP		
41 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Maguire, Craig</b>	
43 STREET ADDRESS	<b>1890 Semoran Blvd., Suite 385</b>	
44 CITY-ST-ZIP	<b>Winter Park, FL 32792</b>	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>Snyderburn, Philip J.</b>	
53 STREET ADDRESS	<b>1890 Semoran Blvd., Suite 385</b>	
54 CITY-ST-ZIP	<b>Winter Park, FL 32792</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

**SIGNATURE:**

**Keith A. Griffin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/14/96**

**407-679-9040**

(Date)

(Daytime Phone #)

CR2E034 (3/96)