


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

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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000023017 (5)**

1. Corporation Name
PHARMACEUTICAL RECOVERY SERVICES, INC.



Principal Place of Business 1890 SEMORAN BLVD. SUITE 385 WINTER PARK FL 32792 US	Mailing Address 1890 SEMORAN BLVD. SUITE 385 WINTER PARK FL 32792-2285 US
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2. Principal Place of Business 21 5422 Carrier Drive Suite, Apt. #, etc. 22 Suite 204 City & State 23 Orlando, FL Zip 24 32819	2a. Mailing Address 26 5422 Carrier Drive Suite, Apt. #, etc. 27 Suite 204 City & State 28 Orlando, FL Zip 29 32819-8394	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 03/26/1993	3a. Date of Last Report 08/19/1996
4. FEI Number 59-3174579	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GRIFFIN, KEITH A. 1890 SEMORAN BLVD SUITE 385 WINTER PARK FL 32792
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5422 Carrier Drive 83 Suite 204 84 City Orlando	85 Zip Code FL 32819
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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 **Keith A. Griffin, President** **4/2/97**
Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P GRIFFIN, KEITH A
STREET ADDRESS	1890 SEMORAN BLVD SUITE 385
CITY-ST-ZIP	WINTER PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	ST YOUNDERIAN, JEROME L.
STREET ADDRESS	1890 SEMORAN BLVD SUITE 385
CITY-ST-ZIP	WINTER PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	D COHEN, MELVIN
STREET ADDRESS	1890 SEMORAN BLVD SUITE 385
CITY-ST-ZIP	WINTER PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	D MAQUIRE, CRAIG
STREET ADDRESS	1890 SEMORAN BLVD SUITE 385
CITY-ST-ZIP	WINTER PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	D SNYDERBURN, PHILIP J
STREET ADDRESS	1890 SEMORAN BLVD SUITE 385
CITY-ST-ZIP	WINTER PARK FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5422 Carrier Drive, Suite 204
1.4 CITY-ST-ZIP	Orlando, FL 32819-8394
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5422 Carrier Drive, Suite 204
2.4 CITY-ST-ZIP	Orlando, FL 32819-8394
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5422 Carrier Drive, Suite 204
3.4 CITY-ST-ZIP	Orlando, FL 32819-8394
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Maguire, Craig
4.3 STREET ADDRESS	5422 Carrier Drive, Suite 204
4.4 CITY-ST-ZIP	Orlando, FL 32819-8394
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	5422 Carrier Drive, Suite 204
5.4 CITY-ST-ZIP	Orlando, FL 32819-8394
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Keith A. Griffin, President** **4/2/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)