

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000027194 (8)

1. Corporation Name
ULTIMA RX, INC.

Principal Place of Business

75 VALENCIA AVE.
CORAL GABLES FL 33134

Mailing Address

75 VALENCIA AVE.
CORAL GABLES FL 33134



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CT COPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

04/13/1993

3a. Date of Last Report

05/01/1995

4. FLL Number

65-0429699

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0902 and 607.1501, 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 607.0905, Florida Statutes.

SIGNATURE

Signed and acknowledged before me on this day of

2000, before me, a Notary Public in and for the State of Florida.

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME LAMELA, LUIS E
STREET ADDRESS 75 VALENCIA AVE.
CITY- ST- ZIP CORAL GABLES FL 33134

TITLE S
NAME SPICOLA, BRIDD M
STREET ADDRESS 9900 BREN RD E
CITY- ST- ZIP MINNETONKA MN

TITLE D
NAME MCGURE, WILLIAM W MD
STREET ADDRESS 9900 BREN RD E
CITY- ST- ZIP MINNETONKA MN

TITLE AS
NAME ROCHE, KEVIN
STREET ADDRESS 300 OPUS CENTER 9900 BREN RD E
CITY- ST- ZIP MINNETONKA MN

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME Change Addition

1.3 STREET ADDRESS Change Addition

1.4 CITY- ST- ZIP Change Addition

2.1 TITLE Change Addition

2.2 NAME Change Addition

2.3 STREET ADDRESS Change Addition

2.4 CITY- ST- ZIP Change Addition

3.1 TITLE Change Addition

3.2 NAME Change Addition

3.3 STREET ADDRESS Change Addition

3.4 CITY- ST- ZIP Change Addition

4.1 TITLE Change Addition

4.2 NAME Change Addition

4.3 STREET ADDRESS Change Addition

4.4 CITY- ST- ZIP Change Addition

5.1 TITLE Change Addition

5.2 NAME Change Addition

5.3 STREET ADDRESS Change Addition

5.4 CITY- ST- ZIP Change Addition

6.1 TITLE Change Addition

6.2 NAME Change Addition

6.3 STREET ADDRESS Change Addition

6.4 CITY- ST- ZIP Change Addition

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4/8/96JR

3/25/96 1612 936-1709

CR2E034 (12/95)