


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 30, 2003 8:00 am**  
**Secretary of State**

06-30-2003 90067 024 \*\*\*150.00

**DOCUMENT # P93000051089**

1. Entity Name  
**PRESCRIPTION CARE PHARMACY, INC.**



Principal Place of Business  
**5890 STERLING RD.  
HOLLYWOOD FL 33021  
US**

Mailing Address  
**5890 STERLING RD.  
HOLLYWOOD FL 33021  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0427534**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MARCOLINO, FERNANDO  
5890 STERLING RD.  
HOLLYWOOD FL 33021**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

**4.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST MARCOLINO, FERNANDO 5890 STERLING RD. HOLLYWOOD FL 33021</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARCOLINO, FERNANDO 5890 STERLING RD. HOLLYWOOD FL 33021</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12.** 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** **5/1/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)