

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

FILED

Apr 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000082525 (4)

1. Corporation Name  
STAFF BUILDERS PRESCRIPTION SERVICES, INC.

Principal Place of Business

8400 BAYMEADOWS WAY, STE. 3  
JACKSONVILLE FL 32256

Mailing Address

8400 BAYMEADOWS WAY, STE. 3  
JACKSONVILLE FL 32256-8238



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/04/1994

3a. Date of Last Report

01/30/1996

4. FEI Number

59-3280085

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

ELEFANT, FRED  
1650 PRUDENTIAL DR., STE. 105  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 of registered agent (and if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	RAYMOND, JOSEPH J	4900 RT. 33, STE. 100	WALL NJ 07753-6804	<input checked="" type="checkbox"/>
D	PALLADIO, WAYNE A	11 SKYLINE DR.	HAWTHORNE NY 10532-2119	<input checked="" type="checkbox"/>
D	FINE, ROBERT	4900 RT. 33, STE. 100	WALL NJ 07753-6804	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
CHAIRMAN, PRESIDENT	SAVITSKY, STEPHEN	1983 MARCUS AVENUE	LAKE SUCCESS NY 11042-7004	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT	SAVITSKY, DAVID	1983 MARCUS AVENUE	LAKE SUCCESS, NY 11042-7004	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT	TROWBRIDGE, WARREN K.	8400 BAYMEADOWS WAY #3	JACKSONVILLE FL 32256	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)