

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

FILED  
Jul 30 1996 8:00 am  
Secretary of State

DOCUMENT # P95000031689 (9)

1. Corporation Name

PHARMASYSTEMS COST CONTAINMENT CORP.



Principal Place of Business Mailing Address  
7350 N.W. 7TH STREET SUITE 104 MIAMI FL 33126  
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3. Date Incorporated or Qualified 04/21/1995  
3a. Date of Last Report  
4. FEI Number 65-0590514  
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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

ONORATI, ANNETTE C  
2600 DOUGLAS ROAD  
SUITE 501  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name CAEUNCHO + MUE. P.A.  
82 Street Address (P.O. Box Number is Not Acceptable) 2600 Douglas Road  
83 Suite 501  
84 City Coral Gables FL 85 Zip Code 33134

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

ONORATI, Annette C. Annette C. Onorati for 4/18/96  
Signature (Type or print name of registered agent and title if applicable) CAEUNCHO + MUE. P.A.

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PID ☐ Change ☒ Addition  
1.2 NAME Jose L. Rodriguez  
1.3 STREET ADDRESS 7350 N.W. 7th Street Suite 104  
1.4 CITY-ST-ZIP MIAMI FL 33126  
2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME George L. Fernandez  
2.3 STREET ADDRESS 7350 N.W. 7th Street Suite 104  
2.4 CITY-ST-ZIP MIAMI FL 33126  
3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Larry Kries  
3.3 STREET ADDRESS 7350 N.W. 7th Street Suite 104  
3.4 CITY-ST-ZIP MIAMI FL 33126  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ 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 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:

Signature and Typed or Printed Name of Signing Officer or Director  
Jose L. Rodriguez 06/

Date

Digitized by e-File

CR2E034 (3/96)