FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **P95000066522 (0)**

1. Corporation Name

PHARMACY BENEFIT ADMINISTRATORS, INC.

Principal Place of Business

85 GRAND CANAL DR., STE. 104
MIAMI FL 33144

Mailing Address

85 GRAND CANAL DR., STE. 104
MIAMI FL 33144

3. Date Incorporated or Qualified: **08/28/1995**

3a. Date of Last Report:

4. FEI Number: **65-0644731** ☐ 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

2. Principal Place of Business
21: 8080 W FLAGLER ST
22 Suite, Apt. #, etc.: 3-D
23 City & State: MIAMI, FL
24 Zip: 33144
25 Country:

2a. Mailing Address
26: 8080 W FLAGER ST
27 Suite, Apt. #, etc.: 3-D
28 City & State: MIAMI, FL.
29 Zip: 33144
30 Country:

9. Name and Address of Current Registered Agent

RUIZ, CRISTINA
5240 S.W. 95TH CT.
MIAMI FL 33165

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 _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	RUIZ, CRISTINA	
STREET ADDRESS	5240 S.W. 95TH CT.	
CITY-ST-ZIP	MIAMI FL 33165	
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	P, T	☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V S	☐ Change ☒ Addition
2.2 NAME	EMILIO RUIZ	
2.3 STREET ADDRESS	5240 SW 95 CT	
2.4 CITY-ST-ZIP	MIAMI, FL. 33165	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	900001831079	☐ Change ☐ Addition
5.2 NAME	-05/21/96--01013--002	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE	SE 501	☐ 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)(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: Cristina Ruiz — 4/8/96 — 305-266-7625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)