

4 22978-5133 - C

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

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000048577 (6)

1. Corporation Name  
VISIONSCRIPTS, INC.



Principal Place of Business 3659 SOUTH MIAMI AVENUE STE 4008 MIAMI FL 33133	Mailing Address 3659 SOUTH MIAMI AVENUE STE 4008 MIAMI FL 33133-4235
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3. Date Incorporated or Qualified 06/04/1996	3a. Date of Last Report
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2. Principal Place of Business 21 7100 SW 95 Street Suite, Apt. #, etc.	2a. Mailing Address 26 7100 SW 95 Street Suite, Apt. #, etc.
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4. FEI Number 65-0689479	Applied For Not Applicable
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22	27
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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23 City & State Miami, FL	28 City & State Miami, FL
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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24 Zip 33156	25 Country USA	29 Zip 33156	30 Country USA
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, LOUISE J  
150 WEST FLAGLER STREET MUSEUM TOWER  
STE 2200-LJA  
MIAMI FL 33130

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

*Manasa Monica M D*

4/8/97

Sign of corporation or printed name of registered agent, and if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANASA, MONICA M MD	1.2 NAME	
STREET ADDRESS	3659 SOUTH MIAMI AVENUE	1.3 STREET ADDRESS	7100 SW 95 Street
CITY - ST - ZIP	MIAMI FL 33133	1.4 CITY - ST - ZIP	Miami, FL - 33156
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBITAILLE, JOHN D	2.2 NAME	
STREET ADDRESS	7101 SW 95TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33156	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 or changed, or on an attachment with an address.

SIGNATURE:

*Manasa Monica M D Vice-President* 4/8/97 (305) 467-8930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0177689

CR2E034 (9/96)