


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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000050699 (3)					
1. Corporation Name TRANSCARE PRESCRIPTION SERVICES, INC.					
Principal Place of Business 1024 BYERLY WAY ORLANDO FL 32818			Mailing Address 1024 BYERLY WAY ORLANDO FL 32818-5664		
2. Principal Place of Business 21 5600 W. Colonial Dr. 22 Suite, Apt. #, etc. # 309 23 City & State ORLANDO, FL 24 Zip 32808 25 Country USA			2a. Mailing Address 26 5600 W. Colonial Dr. 27 Suite, Apt. #, etc. # 309 28 City & State ORLANDO, FL 29 Zip 32808 30 Country USA		
3. Date Incorporated or Qualified 06/11/1996			3a. Date of Last Report N/A		
4. FEI Number 59-3381832			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			\$5.00 May Be Added to Fees		
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent AUSTIN, CAROLYN 1024 BYERLY WAY ORLANDO FL 32818			10. Name and Address of New Registered Agent 81 Name Carolyn Miller (NAME change only) 82 Street Address (P.O. Box Number is Not Acceptable) 1024 Byerly Way 83 84 City ORLANDO FL 85 Zip Code 32818		
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 Carolyn Miller CAROLYN MILLER 3/12/97 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
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5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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: Carolyn Miller President Carolyn Miller 3/12/97 407-294-7133 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)