

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

FILED
May 15 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 # P96000103995 (2)

1. Corporation Name
Name changed to: SCRIPTCARE PHARMACY MANAGEMENT, INC.

Principal Place of Business Mailing Address
200 S BISCAYNE BLVD. SUITE 2410 MIAMI FL 33131
200 S BISCAYNE BLVD. SUITE 2410 MIAMI FL 33131-2329



3. Date Incorporated or Qualified 12/30/1996
3a. Date of Last Report
4. FEI Number 65-0734718 Applied For Not Applicable
5. Certificate of Status Desired [X] \$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 [X] Yes [] No

2. Principal Place of Business 2a. Mailing Address
21 8325 NW 53 STREET 26 P.O. BOX 141966
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 SUITE 100 27
City & State City & State
23 MIAMI, FL 28 CORAL GABLES, FL
Zip Country Zip Country
24 33166 25 33114 29 30

9. Name and Address of Current Registered Agent
PENINSULA REGISTERED AGENTS, INC.
200 S BISCAYNE BLVD, SUITE 2410
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 8325 NW 53 STREET
83 Suite 100
84 City Miami, Fl 85 FL Zip Code 33166

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE [] DELETE
NAME D CEJAS, PAUL L
STREET ADDRESS 200 S BISCAYNE BLVD, SUITE 2410
CITY - ST - ZIP MIAMI FL 33131
TITLE [] DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE [] DELETE
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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 [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
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 [] 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

5/15/97

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97
Date

Daytime Phone # 0002616

CR2E034 (9/96)