

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000103995 (2)
 1. Corporation Name
SCRIPTCARE PHARMACY MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8325 NW 53 STREET SUITE 100 MIAMI FL 33166	Mailing Address P.O. BOX 141966 CORAL GABLES FL 33114
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3. Date Incorporated or Qualified 12/30/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0734718	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 8125 NW 53 Street Suite, Apt. #, etc. 22 116 City & State 23 Miami, FL Zip 24 33166	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 USA	Country 25 USA	Country 30
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9. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
8325 NW 53 STREET
SUITE 100
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name Marialena Diaz
82 Street Address (P.O. Box Number is Not Acceptable) 8125 NW 53 Street
83 Suite 116
84 City Miami
85 Zip Code FL 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 *Marialena Diaz* *Control* DATE **3/29/98**

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME CEJAS, PAUL L	
STREET ADDRESS 200 S BISCAYNE BLVD, SUITE 2410	
CITY-ST-ZIP MIAMI FL 33131	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Julie Neitzel	
1.3 STREET ADDRESS 420 Lincoln Road, Suite #432	
1.4 CITY-ST-ZIP Miami Beach, FL 33139	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Oswaldo Martinez	
2.3 STREET ADDRESS 8125 NW 53 Street, Suite #116	
2.4 CITY-ST-ZIP Miami, FL 33166	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Pablo Cejas	
3.3 STREET ADDRESS 420 Lincoln Road, Suite #432	
3.4 CITY-ST-ZIP Miami Beach, FL 33139	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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]* **OSVALDO MARTINEZ, PRESIDENT** 2/25/98

CR2E034 (10/97)