2000 UNIFORM BUSINESS REPORT (UBR) FILED P97000026198 DOCUMENT# Jul 07, 2000 8:00 am Secretary of State PRESCRIVA, CORPORATION 07-07-2000 90461 032 ***558.75 Principal Place of Business Mailing Address 2782 N.W. 79 AVE. 2782 N.W. 79 AVE. MIAMI, FL 33122 MIAMI, FL. 33122 2. Principal Place of Business 3. Mailing Address 2782 N.W. 79 AVE. 2782 N.W. 79 AVE. Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0963111 MIAMI, FL. Not Applicable MIAMI , Country \$8.75 Additional 5. Certificate of Status Desired 33122 33122 DAGE Fee Required DAde 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CABAN, LUIS 16352 MALIBU DRIVE--Street Address (P.O. Box Number is Not Acceptable)____ WESTON, FL. 33326 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. −(See criteria on back) [–] Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. SECRETARY/TREASURER, DIR. Change PRESIDENT, DIRECTOR TITLE TITLE ☐ Delete Eddy FERNANDEZ NAME LUIS CABAN 6425 COLLINS AVE # 1008 16352 MALIBU DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL. 33141 CITY-ST-ZIP WES TON, FL. 33326 VICE PRESIDENT, DIRECTOR | Change **S** Delete TITLE ANA CABAN JORGE RECHREY NAME 16352 HALIBU DRIVE STREET ADDRESS STREET ADDRESS KEY BISCAYNE, FL. 33149 CITY-ST-ZIP CITY-ST-ZIP WESTON, FL. 33326 ☐ Change ☐ Addition ☐ Detete TITLE NAME STREET ÄDDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 report or supplemental 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 eceiver or trustee empoyeded to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with maddress with all other like empowered. Luis CABAN, PRES. 6/29/00 (305) 406-2100

SIGNATURE

Attachment Ott pgnwysw198 Ow68219

ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF PHARMACY SOLUTIONS, INC.

PURSUANT TO SECTION 607.1006, FLORIDA STATUTES, THE UNDERSIGNED	
CORPORATION ADOPTED THE FOLLOWING ARTICLES TO AMEND TO ITS A INCORPORATION.	SEC SEC
THE NAME OF THE CORPORATION IS: PHARMACY SOLUTIONS, INC.	AND THE
	A PR
AMENDMENT ARTICLE I	85 %

THE NAME OF THE CORPORATION IS CHANGED TO: PRESCRIVA, CORP

THIS ARTICLES OF AMENDMENT WAS ADOPTED ON THE 25TH DAY OF AUGUST 1999. THE CORPORATION HAS ONLY ONE GROUP OF VOTING STOCK. THIS AMENDMENT WAS UNANIMOUSLY ADOPTED. THE AMENDMENT WAS APPROVED BY THE SHAREHOLDERS. THE NUMBER OF VOTES CAST FOR AMENDMENT WAS SUFFICIENT FOR APPROVAL.

PHARMACY SOLUTIONS, INC.
CORPORATION NAME

DDECIDENT

LUIS E. CABAN PRINT NAME

DATED this 25th day of August 1999

Secretary of the Meeting