2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 28, 2008
Secretary of State

DOCUMENT# P97000083013

Entity Name: PRESCRIPTIONS PLUS, INC.

Current Principal Place of Business:

3361 FAIRLANE FARMS ROAD
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

3361 FAIRLANE FARMS ROAD
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-0810348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUESS, FRANK P
17187 GULF PINE CIRCLE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PST	( ) Delete
Name:	SUESS, FRANK P	
Address:	17187 GULF PINE CIRCLE	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	A.M.	( ) Delete
Name:	SUESS, HERTA G	
Address:	17187 GULF PINE CIRCLE	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	G.M.	( ) Delete
Name:	SUESS, OLIVER C	
Address:	848 CARAWAY CT.	
City-St-Zip:	WEST PALM BEACH, FL 33414	
Title:	O.M.	( ) Delete
Name:	THUSS, STEVEN A	
Address:	14508 LARKSPUR LANE	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	S.H.	(X) Delete
Name:	GERSNEY, ROBERT	
Address:	3167 ST. ANNES DRIVE	
City-St-Zip:	BOCA RATON, FL 33496	
Title:	S.H.	(X) Delete
Name:	PALADINE, SANDY	
Address:	11224 N.W. 2ND COURT	
City-St-Zip:	CORAL SPRINGS, FL 33071	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK SUESS PST 08/28/2008

Electronic Signature of Signing Officer or Director — Date