

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P97000083013

**Entity Name:** PRESCRIPTIONS PLUS, INC.

**FILED**  
**Dec 14, 2011**  
**Secretary of State**

**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 (X)**

**Name and Address of Current Registered Agent:**

SUESS, OLIVER C  
848 CARAWAY COURT  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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

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: FRANK SUESS

12/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: SUESS, FRANK P  
Address: 17187 GULF PINE CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: FRANK SUESS

PST

12/14/2011

Electronic Signature of Signing Officer or Director

Date