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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Sta DIVISION OF CORPORATIONS

1998

DOCUMENT # P970(
1. Corporation Name
PRESCRIPTION CENTERS, INC. P97000105021 (4)

FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address		
	V BROOK AVENUE	816 SHALLOW BRO		
-WINTER SPRINGS FL 32708		WINTER SPRINGS FL 32708		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
•				12/12/1997
2. Principal Place of Business		2a. Mailing Address		A FEI Number
21		26		19-850027. Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc	i.	5. Certificate of Status Desired \$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent Abilia Cabillo I/				10. Name and Address of New Registered Agent
AMIN, SAMIR V			81 Name	
816 SHALLOW BROOK AVENUE			82 Street	Address (P.O. Box Number is Not Acceptable)
WINTER SPRINGS FL 32708			83	
			. 63	
•			84 City	FL 85 Zip Code
dd Directoral	to the manifeless of Continue 607 OF	00 and 607 1509 Florida 6	You too the above named	
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 point, 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 familiari with and a corpt the obligations of, Section 607.0505. Fiorida Statutes				
SIGNATURE Signalize, lysted of particularly fire by registerior and title, applicable (NOTE Registered Agent signature required when reinstailing) DATE:				
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELET	E 1.1 TITLE	☐ Change ☐ Addition
NAME	amin , samir v		1.2 NAME	
STREET ADDRESS	816 SHALLOW BROOK AVE	NUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	3	1.4 CITY - ST - ZIP	
TITLE	D	☐ DELET	21 TITLE	☐ Change ☐ Addition
RAME	PATEL, DILIP M		2 2 NAME	
STREET ADDRESS	105 MAGNOLIA LAKE COU	RT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779		2. 4 CITY-ST-ZIP	
TITLE		☐ DELET	E 3.1 1 TILE	Change Addition
NAME	•		3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		J	3.4. CITY - ST - ZIP	
TITLE		☐ DELET		Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELET	i i	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREFT ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELET		Change L Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	All and the second seco	Market Black Const	6.4 CITY-ST-ZIP	ed in Section 119.07(3)(i), Florida Statutes. further certify that the information
14. I ne reby d	erury that the information s⊯miffed.	with this tiling does not qua	uny for the exemption state	sa in Section Tra.94(3)(I), rional Statutes. Fruither certify that the information [

ort's true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an se amonwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplemental officer or director of the corporation or the feet Block 12 or Block 13 if changed or on an attage. 100