

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000029511

FILED  
Mar 31, 2005  
Secretary of State

Entity Name: MEDISCRIPTS COMPANY, INC.

## Current Principal Place of Business:

10105 BROOKWOOD FOREST BLVD.  
JACKSONVILLE, FL 32225

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 380033  
JACKSONVILLE, FL 32205

## New Mailing Address:

P.O. BOX 11535  
JACKSONVILLE, FL 32239

FEI Number: 54-1893408

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WICKES, LESLIE A ESQ.  
1301 RIVERPLACE BLVD., #1700  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

BERRY, MICHAEL L ESQ.  
333 FIRST STREET NORTH  
SUITE305  
JACKSONVILLE BEACH, FL 32250 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: MICHAEL L. BERRY

03/31/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: MCDANIEL, ERIC  
Address: 10105 BROOKWOOD FOREST BLVD.  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ERIC MCDANIEL

PSD

03/31/2005

Electronic Signature of Signing Officer or Director

Date