2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 11, 2000 8:00 am Secretary of State DOCUMENT # P99000091927 1. Entity Name PRESCRIPTION-WORLD, INC. 04-11-2000 90013 005 ***150.00 Mailing Address Principal Place of Business 9655 S. DIXIE HIGHWAY, SUITE 209 9655 S. DIXIE HIGHWAY, SUITE 209 MIAMI FL 33156-2813 **MIAMI FL 33156** A0036246 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required⁻ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRIEDMAN, RICHARD N Street Address (P.O. Box Number is Not Acceptable) 9655 S. DIXIE HIGHWAY, SUITE 209 **MIAMI FL 33156** Zip Code City 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 SIGNATURE 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. Added to Fees 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 12. 11. DIPISIT Change ☐ Addition ☐ Delete TITLE TITLE NAME FRIEDMAN, RICHARD N NAME STREET ADDRESS STREET ADDRESS 9655 S. DIXIE HIGHWAY, SUITE 209 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33156** Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TIT! E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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 receiver or rustee empowered 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 an address, with all other like erplowared.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

4/4/00 (305) 45-2747

CR2E034 (9/99)