

ANNUAL REPORT (AR)

DOCUMENT # P99000091927

1. Entity Name

PRESCRIPTION-WORLD, INC.



FILED
Apr 24, 2007 08:00 AM
Secretary of State

Principal Place of Business

8925 SW 148TH STREET #200
PALMETTO FL 33176

Mailing Address

8925 SW 148TH STREET #200
PALMETTO FL 33176



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0967833**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FRIEDMAN, RICHARD N
8925 SW 148TH STREET #200
PALMETTO BAY FL 33176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
NAME **FRIEDMAN, RICHARD N**
STREET ADDRESS **8925 SW 148TH STREET #200**
CITY- ST- ZIP **PALMETTO BAY FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
U00000727852
05/04/07-80065-004 150.00

☐ Change ☐ Addition
TITLE
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STREET ADDRESS
CITY- ST- ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard N Friedman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07 (305) 666-2747
Date Daytime Phone #