

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S83867** (9)

1. Corporation Name

PROSCRIPTION, INC.



Principal Place of Business

Mailing Address

~~3504 WATERVIEW CIRCLE~~
~~PALM SPRINGS FL 33461~~
US

~~3504 WATERVIEW CIRCLE~~
~~PALM SPRINGS FL 33461~~
US

3. Date Incorporated or Qualified

09/27/1991

3a. Date of Last Report

03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 **3600 JARDIN Ct.**

26 **3600 JARDIN Ct.**

4. FEI Number

65-0287104

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Apt. 203**

27 **Apt. 203**

City & State

City & State

23 **PALE BEACH GARDENS, FL.**

28 **PALE BEACH GARDENS, FL.**

Zip

Country

Zip

Country

24 **33410**

25 **USA**

29 **33410**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAY, CAROLYN

706 MILL VALLEY PL

WEST PALM BEACH FL 33409

81 Name

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

3600 JARDIN Ct.

83

Apt. 203

84

PALE BEACH GARDENS,

FL

85

**Zip Code
33410**

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 agent, 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **GRAY, CAROLYN**

1.2 NAME

STREET ADDRESS **706 MILL VALLEY PL**

1.3 STREET ADDRESS

CITY- ST- ZIP **WEST PALM BEACH FL**

1.4 CITY- ST- ZIP

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **GRAY, CAROLYN**

2.2 NAME

STREET ADDRESS **706 MILL VALLEY PL**

2.3 STREET ADDRESS

CITY- ST- ZIP **WEST PALM BEACH FL**

2.4 CITY- ST- ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY- ST- ZIP

3.4 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY- ST- ZIP

4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY- ST- ZIP

5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY- ST- ZIP

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carolyn B. Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/96
Date

407-624-0023
Daytime Phone #

CR2E034 (12/95)