FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 16 AM 10:47

DOCUMENT # H40815 (3)

1. Corporation Name
NU-MED PEMBROKE, INC.

Principal Place of Business	Mailing Address
16633 VENTURA BLVD., 13TH FL. ATTN: TAX DEPT. ENCINO CA 91436-1802	16633 VENTURA BLVD., 13TH FL. ATTN: TAX DEPT. ENCINO CA 91436-1802

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/01/1985
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: 95-3956129 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	RAPPOPORT, K. E.	1.2 NAME	KOERBER, JOHN V.	
STREET ADDRESS	16633 VENTURA BLVD.	1.3 STREET ADDRESS	16633 VENTURA BLVD.	
CITY-ST-ZIP	ENCINO CA	1.4 CITY-ST-ZIP	ENCINO, CA 91436	
TITLE	AT	2.1 TITLE		☒ Change ☐ Addition
NAME	RHODES, STEVEN	2.2 NAME		
STREET ADDRESS	16633 VENTURA BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ENCINO CA	2.4 CITY-ST-ZIP	ENCINO, CA 91436	
TITLE	TVS	3.1 TITLE		☒ Change ☐ Addition
NAME	DOR, YORAM	3.2 NAME		
STREET ADDRESS	16633 VENTURA BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ENCINO CA	3.4 CITY-ST-ZIP	ENCINO, CA 91436	
TITLE	AS	4.1 TITLE		☒ Change ☐ Addition
NAME	SCHARDT, CAROL	4.2 NAME		
STREET ADDRESS	16633 VENTURA BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	ENCINO CA	4.4 CITY-ST-ZIP	ENCINO, CA 91436	
TITLE		5.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		5.2 NAME	GOSSETT, JR., ROBERT F.	
STREET ADDRESS		5.3 STREET ADDRESS	16633 VENTURA BLVD.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ENCINO, CA 91436	
TITLE		6.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME		6.2 NAME	MARCON, JOHN B.	
STREET ADDRESS		6.3 STREET ADDRESS	16633 VENTURA BLVD.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ENCINO, CA 91436	

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)(i), 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: [signature] STEVEN RHODES 2/27/95 (818)990-2000
SIGNATURE AND TYPED OR PRINTED NAME OF BIDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402041 FP