

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # H40815 (3)		
1. Corporation Name NU-MED PEMBROKE, INC.		



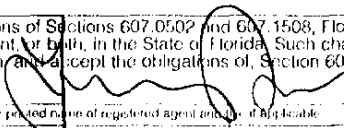
Principal Place of Business 16633 VENTURA BLVD., 13TH FL. ATTN: TAX DEPT. ENCINO CA 91436-1802 1837	Mailing Address 16633 VENTURA BLVD., 13TH FL. ATTN: TAX DEPT. ENCINO CA 91436-1802 1837
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. Suite 913 22 City & State 23 Zip 91436-1837 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. Suite 913 27 City & State 28 Zip 91436-1837 30 Country		3. Date Incorporated or Qualified 02/01/1985
		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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No		

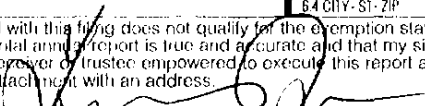
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. 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  YORAM DOR 1/5/98
(NOTE: Registered Agent signature required with reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	KOERBER, JOHN V	1.2 NAME	
STREET ADDRESS	16632 VENTURA BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENCINO CA	1.4 CITY-ST-ZIP	
TITLE	TVS	2.1 TITLE	☐ Change ☐ Addition
NAME	DOR, YORAM	2.2 NAME	
STREET ADDRESS	16633 VENTURA BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENCINO CA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MARCON, JOHN B.	3.2 NAME	
STREET ADDRESS	16633 VENTURA BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENCINO CA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 hereby certify that the information supplied with this filing 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  1/5/98 (16633-2000)

CR2E034 (10/97)