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FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006751 (9)

1. Corporation Name

PHARM-OAP, INC.  
PRIME MED PHARMACY SERVICES, INC.

Principal Place of Business

9050 PINES BLVD  
SUITE 255  
PEMBROKE PINES FL 33024

Mailing Address

9050 PINES BLVD  
SUITE 255  
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1996

4. FEI Number

65-0711470

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

2. Principal Place of Business

21 3960 Howard Hughes Parkway

Suite, Apt. #, etc.

22 Suite 650

City & State

23 Las Vegas NV

Zip

24 89109

Country

25 USA

2a. Mailing Address

26 3960 Howard Hughes Parkway

Suite, Apt. #, etc.

27 Suite 650

City & State

28 Las Vegas NV

Zip

29 89109

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE

NAME REDDY, LEX  
STREET ADDRESS 9050 PINES BLVD SUITE 255  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE VD ☐ DELETE

NAME KUMAR, SUNJAY  
STREET ADDRESS 9050 PINES BLVD SUITE 255  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE CEOS ☐ DELETE

NAME ROMBRO, DAVID W  
STREET ADDRESS 9050 PINES BLVD SUITE 255  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE D ☒ DELETE

NAME ROMBRO, DAVID W  
STREET ADDRESS 9050 PINES BLVD SUITE 255  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE D ☐ DELETE

NAME REDDY, PREM  
STREET ADDRESS 9050 PINES BLVD SUITE 255  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE D ☒ DELETE

NAME VALENZUELA, FIDEL  
STREET ADDRESS 9050 PINES BLVD SUITE 255  
CITY-ST-ZIP PEMBROKE PINES FL 33024

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME KUMAR, SUNJAY

23 STREET ADDRESS 3960 Howard Hughes Parkway, Suite 650

24 CITY-ST-ZIP Las Vegas, NV 89109

31 TITLE ☐ Change ☐ Addition

32 NAME P.S.

33 STREET ADDRESS Rombro, David W.

34 CITY-ST-ZIP 3960 Howard Hughes Parkway, Suite 650

41 TITLE ☐ Change ☐ Addition

42 NAME 000002518760

43 STREET ADDRESS -05/11/98--01085--032

44 CITY-ST-ZIP \*\*\*150.00

51 TITLE ☒ Change ☐ Addition

52 NAME CEO, D

53 STREET ADDRESS Larry, Prem

54 CITY-ST-ZIP 3960 Howard Hughes Parkway, Suite 650

61 TITLE ☐ Change ☒ Addition

62 NAME CFO, T

63 STREET ADDRESS Matko, Raymond S.

64 CITY-ST-ZIP 3960 Howard Hughes Parkway, Suite 650

65 CITY-ST-ZIP Las Vegas, NV 89109

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

4/22/98 (702) 892-8500

CR2E034 (10/97)