

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90052 040 ***150.00

DOCUMENT # F96000006751

1. Entity Name
PRIME MED PHARMACY SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3960 HOWARD HUGHS PKWY., STE 650 **3960 HOWARD HUGHS PKWY., STE 650**
LAS VEGAS NV 89109 **LAS VEGAS NV 89109**

2. Principal Place of Business 3. Mailing Address
1300 MARSH LANDING PKWY **1300 MARSH LANDING PKWY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 106 **SUITE 106**
 City & State City & State
JACKSONVILLE BEACH, FL **JACKSONVILLE BEACH, FL**
 Zip Country Zip Country
32250 **USA** **32250** **USA**

4. FEI Number **65-0711470** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM Name
1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324 City Zip Code
FL

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROMBRO, DAVID W		NAME	RAHMAN REDDY	
STREET ADDRESS	3960 HOWARD HUGHS PKWY., STE 650		STREET ADDRESS	511 AMIGOS	
CITY-ST-ZIP	LAS VEGAS NV 89109		CITY-ST-ZIP	REDLANDS, CA 92373	
TITLE	CEO <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REDDY, PREM		NAME		
STREET ADDRESS	3960 HOWARD HUGHS PKWY., STE 650		STREET ADDRESS	16850 BEAR VALLEY ROAD	
CITY-ST-ZIP	LAS VEGAS NV 89109		CITY-ST-ZIP	VICTORVILLE, CA 92392	
TITLE	CFOT <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAYMOND S MATKO		NAME		
STREET ADDRESS	3960 HOWARD HUGHS PKWY., STE 650		STREET ADDRESS	1300 MARSH LANDING PARKWAY, STE 106	
CITY-ST-ZIP	LAS VEGAS NV 89109		CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
TITLE	S <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYES, RICHARD A		NAME		
STREET ADDRESS	3960 HOWARD HUGHES PKWAY STE#65D		STREET ADDRESS	511 AMIGOS	
CITY-ST-ZIP	LAS VEGAS NV 89109		CITY-ST-ZIP	REDLANDS, CA 92373	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	DIRECTOR	
STREET ADDRESS			STREET ADDRESS	JOHN F. ANDREWS	
CITY-ST-ZIP			CITY-ST-ZIP	1300 MARSH LANDING PARKWAY, SUITE 106	
TITLE	<input type="checkbox"/> Delete		TITLE	JACKSONVILLE BEACH, FL 32250	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond S. Matko CFO/TREASURER 04/05/01 (904) 543-2509
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Raymond S. Matko, CFO/TREASURER

CR2E034 (10/00)