

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -6 AM 8:32

DOCUMENT # K46957 (2)

1. Corporation Name

COMPUMED-PHARMA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**4206 LAGUNA STREET
CORAL GABLES FL 33146**

Mailing Address

**4206 LAGUNA STREET
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1988

3a. Date of Last Report

06/07/1994

4. FET Number

65-0086880

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. The fee for my certificate of status is:

☐

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

8. This corporation has liability for extending its service to 1995-1996
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

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2a. Mailing Address

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State, Apt. #, etc.

State, Apt. #, etc.

City & State

23

City & State

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City

State

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City

State

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State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DELGADO, DENNIS R.
4206 LAGUNA STREET
CORAL GABLES FL 33146**

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 607.0102 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 a person under 607.0105, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent and the Florida State

Signature of Registered Agent or Registered Agent and the Florida State

DATE

12. OFFICERS AND DIRECTORS

13. OFFICERS AND DIRECTORS

14.

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DELGADO, DENNIS R.
4206 LAGUNA STREET
CORAL GABLES FL**

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DELGADO, DENNIS R.
4206 LAGUNA STREET
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DELGADO, DENNIS R.
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CORAL GABLES FL**

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6/28/95 (for 1557-5852)
DATE