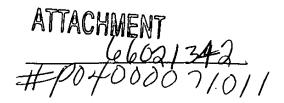
FILED Jul 06, 2006 8:00 am Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT 06-23-2006 90008 045 ***150.00 DOCUMENT # P04000071011 OLYMPO PHARMACY & DISCOUNT, INC. 66021342 Principal Place of Business Mailing Address 4749 SW 8 ST 4749 SW 8 ST MIAMI, FL 33134 MIAMR, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P CR2E034 (11/05) 05242008 Applied For City & State City & State 4. FEI Number 06-1724121 Not Applicable Country Country \$8.75 Additional Fee Required 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NESTOR VEGA VEGA, NESTOR 717 PONCE DE LEON BLVD., SUITE #329 Street Address IP. Q. Box Humbarin Not Accentable) CORAL GABLES, FL 33134 SW. 8 ST 33134 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. I am familiar with, and accept (NOTE: Registered Agent signature required when reinstating) \$5:00 мау ве FILE-NOWIII FEE-18-\$550:00 9.-Election Cumpaign Financing-Trust Fund Contribution. Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NESTOR UEGA 4749 SW BST PD Delete TITLE TITLE Change Addition VEGA, NESTOR NAME STREET ADDRESS 717 PONCE DE LEON BLVD., SUITE #329 STREET ADDRESS MIAMI FL. 33134 CITY-ST-ZP CORAL GABLES, FL 33134 CITY-ST-7/P TITLE Deleta TITLE ☐ Change ☐ Addition MMP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE Detete TITLE Change ☐ Addition NAME MALES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C174-51-Z1P 1111 F- -C) belete aug. Charge - Addition MALE MAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CUTY-ST-71P TITLE TITLE Change Delete Addition NAME NAVE STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-S1-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 eath; 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 10 or Block 11 if thanged, or on an attachment with an address, with all other like empowered. 6120106 SIGNATURE: _^ YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



June 29, 2006

Radiology Mobil Center, Inc 4820 SW 8St Coral Gables, Fl 33144

To Whom It May Concern:

This letter is to inform the IRS that the Annual Report of **Olympo Medical Supply, Inc** was sent <u>mistakenly</u> to my company. Attach I'm sending back the copy that I received. Please update your records and feel free to call us if you have any questions.

Sincerely,

Radiology Mobil Center, Inc