

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


06-23-2006 90008 045 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

6/

66021342



DOCUMENT # P04000071011			
1. Entity Name OLYMPO PHARMACY & DISCOUNT, INC.			
Principal Place of Business 4749 SW 8 ST MIAMI, FL 33134		Mailing Address 4749 SW 8 ST MIAMI, FL 33134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
05242008		Chg-P CR2E034 (11/05)	
4. FEI Number 06-1724121		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VEGA, NESTOR 717 PONCE DE LEON BLVD., SUITE #329 CORAL GABLES, FL 33134		Name <u>NESTOR VEGA</u> Street Address (P.O. Box Number in New Arrangements) <u>4749 SW 8 ST</u> City <u>MIAMI</u> FL Zip Code <u>33134</u>	
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 the obligations of registered agent. SIGNATURE <u>Negul</u> DATE <u>6/20/06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VEGA, NESTOR 717 PONCE DE LEON BLVD., SUITE #329 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NESTOR VEGA 4749 SW 8 ST MIAMI FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Negul</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		6/20/06 (305) 444-5477 <small>Date Daytime Phone #</small>	

ATTACHMENT
66021342
#P04000071011

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 mistakenly 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