

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P40560** (5)

1. Corporation Name

**RX MEDICAL SERVICES CORP.**



Principal Place of Business

Mailing Address

**888 EAST LAS OLAS BLVD., THIRD FLOOR  
FORT LAUDERDALE FL 33301**

**888 EAST LAS OLAS BLVD., THIRD FLOOR  
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**09/21/1992**

3a. Date of Last Report

**06/15/1995**

4. FEI Number

**87-0436782**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**WASCH, JOSEPH C  
888 EAST LAS OLAS BLVD., #300  
FORT LAUDERDALE FL 33301**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CEO  
GOLDBERG, MICHAEL L  
888 EAST LAS OLAS BLVD., THIRD FLOOR  
FORT LAUDERDALE FL 33301**

TITLE ☒ DELETE

NAME **VS  
WASCH, JOSEPH C  
888 EAST LAS OLAS BLVD., THIRD FLOOR  
FORT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **PD  
SPEER, RANDOLPH H.  
888 E. LAS OLAS BLVD, THIRD FLOOR  
FORT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **D  
BEHAR, MORRIS  
209 STATE ROAD  
OLDSMAR FL 34677**

TITLE ☐ DELETE

NAME **VD  
BRUMLIK, DONALD J  
888 EAST LAS OLAS BLVD., THIRD FLOOR  
FORT LAUDERDALE FL 33301**

TITLE ☐ DELETE

NAME **D  
DOMINICK, DON  
254 EAST GRAND AVENUE  
ESCONDIDO CA 92025**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 25, 1996**

**(954) 462-1711**

CR2E034 (12/95)