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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P40560 (5)

1. Corporation Name
RX MEDICAL SERVICES CORP.

Principal Place of Business
888 EAST LAS OLAS BLVD., THIRD FLOOR
FORT LAUDERDALE FL 33301

Mailing Address
888 EAST LAS OLAS BLVD., THIRD FLOOR
FORT LAUDERDALE FL 33301-2272



3. Date Incorporated or Qualified 09/21/1992
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite/Apt. #, etc. 26 Suite/Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

9. Name and Address of Current Registered Agent

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)
888 EAST LAS OLAS BLVD., #210
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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	GOLDBERG, MICHAEL L	
STREET ADDRESS	888 EAST LAS OLAS BLVD., THIRD FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPEER, RANDOLPH H.	
STREET ADDRESS	888 E. LAS OLAS BLVD, THIRD FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEHAR, MORRIS	
STREET ADDRESS	209 STATE ROAD	
CITY-ST-ZIP	OLDSMAR FL 34877	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRUMLIK, DONALD J	
STREET ADDRESS	888 EAST LAS OLAS BLVD., THIRD FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOMINICK, DON	
STREET ADDRESS	254 EAST GRAND AVENUE	
CITY-ST-ZIP	ESCONDIDO CA 92025	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, CEO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	888 E. LAS OLAS BLVD, SUITE 210	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	888 E. LAS OLAS BLVD, SUITE 210	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	888 E. LAS OLAS BLVD, SUITE 210	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDOLPH H. SPEER

APRIL 2, 1997 (954) 462-1711

Date Daytime Phone #

CR2E034 (9/96)