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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

888 EAST LAS OLAS BLVD., THIRD FLOOR
STE. 210
FORT LAUDERDALE FL 33301
US

888 EAST LAS OLAS BLVD., THIRD FLOOR
STE. 210
FORT LAUDERDALE FL 33301
US

DO NOT WRITE IN THIS SPACE

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

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

WASCH, JOSEPH C
888 EAST LAS OLAS BLVD.
#210
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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCEO
NAME GOLDBERG, MICHAEL L
STREET ADDRESS 888 E. LAS OLAS BLD., STE. 210
CITY-ST-ZIP FORT LAUDERDALE FL

☐ DELETE

TITLE PD
NAME SPEER, RANDOLPH H.
STREET ADDRESS 888 E. LAS OLAS BLVD., STE. 210
CITY-ST-ZIP FORT LAUDERDALE FL

☐ DELETE

TITLE D
NAME BEHAR, MORRIS
STREET ADDRESS 209 STATE ROAD
CITY-ST-ZIP OLDSMAR FL 34877

☒ DELETE

TITLE DS
NAME BRUMLIK, DONALD J
STREET ADDRESS 888 E. LAS OLAS BLVD., STE. 210
CITY-ST-ZIP FORT LAUDERDALE FL

☒ DELETE

TITLE D
NAME DOMINICK, DON
STREET ADDRESS 254 EAST GRAND AVENUE
CITY-ST-ZIP ESCONDIDO CA 92025

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 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

Michael L. Goldberg

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980002508819
-05/04/98--01015--035
***600.00

CR2E034 (10/97)