

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90506 038 ***150.00

0326481 AV

DOCUMENT # P40560

1. Entity Name
RX MEDICAL SERVICES CORP.



Principal Place of Business
**888 EAST LAS OLAS BLVD., THIRD FLOOR
STE. 210
FORT LAUDERDALE FL 33301
US**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **87-0436782**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WASCH, JOSEPH C
888 EAST LAS OLAS BLVD.
#210
FORT LAUDERDALE FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **D** ☒ Delete
NAME: **PEARCE, PHILLIP E**
STREET ADDRESS: **888 E. LAS OLAS BLVD, STE 210**
CITY-ST-ZIP: **FORT LAUDERDALE FL 33301**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **D** ☒ Delete
NAME: **PICKERING, MICHAEL J**
STREET ADDRESS: **888 LAS OLAS BLVD, STE 210**
CITY-ST-ZIP: **FORT LAUDERDALE FL 33301**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

12. 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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL L GOLDBERG

Date: **04/23/03** Daytime Phone #: **954-462-1711**

CR2E034 (10/02)