

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000022957 (1)

1. Corporation Name

RX MEDICAL MANAGEMENT, INC.

Principal Place of Business

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

Mailing Address

888 EAST LAS OLAS BLVD.
THIRD FLOOR
FORT LAUDERDALE FL 33301-2272
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 SUITE 210
City & State

23

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 SUITE 210
City & State

28

29 Zip

30 Country

3. Date Incorporated or Qualified
03/21/1995

3a. Date of Last Report
05/01/1996

4. FEI Number

65-0611963

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

WASCH, JOSEPH C
888 EAST LAS OLAS BLVD.
3RD FLOOR
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

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

83 SUITE 210

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 DP
NAME SPEER, RANDOLPH H
STREET ADDRESS 888 E. LAS OLAS BLVD., 3RD FLOOR
CITY-ST-ZIP FORT LAUDERDALE FL

☐ DELETE

TITLE S
NAME JOSEPH C. WASCH
STREET ADDRESS 888 E LAS OLAS BLVD 3RD FLOOR
CITY-ST-ZIP FORT LAUDERDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 888 E. LAS OLAS BLVD., SUITE 210
1.4 CITY-ST-ZIP

2.1 TITLE VP, S
2.2 NAME
2.3 STREET ADDRESS 888 E. LAS OLAS BLVD., SUITE 210
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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]*

FILED
Mar 14 1997 8:00am
Secretary of State



CR2E034 (9/96)