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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000022957 (1)

RX MEDICAL MANAGEMENT, INC.

## FILED May 01 1998 8:00am Secretary of State

Principal Place of Business				Mailing Address				- I AMMINEMA TI O EDI DE DICITA ORALE ADDES DESILE DESILE DE SINO TI	INDIA MAKA MAKAY AKKIK MERI MERI
888 EAST LAS OLAS BLVD.				888 EAST LAS OLAS BLVD.					
SUITE 210				SUITE 210					
FORT LAUDERDALE FL 33301				FORT LAUDERDALE FL 33301				DO NOT WRITE IN THIS SPACE	
UŞ				US				<ol> <li>Date Incorporated or Qualified</li> <li>03/21/1995</li> </ol>	
2. Pr	incipal Place of	f Business	2	a. Mailing Address				4. FEI Number	Applied For
21			26	-)				65-0611963	Not Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					\$8.75 Additional
22			27	27				5. Certificate of Status Desired	Fee Required
City & State				City & State				6. Election Campaign Financing	\$5.00 May Be
23			28	<u>,                                      </u>				Trust Fund Contribution	Added to Fees
Zi	Country Country		ý	Z(p) Country			8. This corporation owes or has paid the or	` `	
24		25	29		30	<del></del>		Personal Property Tax due June 30.	Yes No
	<del></del>		ess of Current Reg	Istered Agent		04	•1.	10. Name and Address of New Registered	d Agent
		, JOSEPH C			i	81	Name		
		et las olas bi	LVD.			82	Street Addr	Address (P.O. Box Number is Not Acceptable)	
•	SUITE 21					20			<del> </del>
	FORI LA	AUDERDALE FL	33301			83			
						84	City	EI	85 Zip Code
11. F	rursuant to the r	provisions of Sect	tions 607 0502 and	607.1508. Florida Sta	atutes, the at	nove-	-named corp	poration submits this statement for the purpose	of changing its registered
۰ ا	office or registers	red agent of both	<ul> <li>in the State of Flo</li> </ul>	orida. Such change wa of, Section 607.0505,	as authorized	d hv	the corporat	tion's board of directors. I hereby accept the ap	ppointment as registered
	•	шал үшн, ано ассе	ept the oragacous	OI, Section 607.0505,	, Florida Stat	uies.	•		
SIGN	ATURE Signature	re, typed or printed nume	e of teo stored agent wild to	.ac	hicker Harden			rod when reinstating) DATE	
				листарование (с	vi⊝if. Heðistotet	i Agen	n signature regon	red when reinstating) DATE	
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12.	DP DP	<del></del>	FLICERS AND DIRI				it signature rodon		ND DIRECTORS IN 12  Change Addition
	\$PI	PEER, RANDOLP	FLICERS AND DIRI PH H	I CTORS	13.	TLE	it signature rodor		
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14. Thereby 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