FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP -9 AM 10: 15

DOCUMENT # P95000078626 (5)

1. Corporation Name
COMPTEK PHARMACEUTICAL & INFUSION SERVICES, INC.

96 AR
CM

Principal Place of Business	Mailing Address
500 EAST BROWARD BLVD. SUITE 1050 FT. LAUDERDALE FL 33394	500 EAST BROWARD BLVD. SUITE 1050 FT. LAUDERDALE FL 33394

2. Principal Place of Business	2a. Mailing Address
21 COMPTEK PHARM	26 6741 W. SUNRISE
Suite, Apt. #, etc. 22 SUITE 4	Suite, Apt. #, etc. 27 SUITE 9
City & State 23 PLANTATION	City & State 28 PLANTATION
Zip 24 33313 · Country 25 BROW	Zip 29 33313 · Country 30 BROW

3. Date Incorporated or Qualified: 10/13/1995
3a. Date of Last Report:
4. FEI Number: 65-0654999 ☐ 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

CARY, DENNIS J
500 EAST BROWARD BLVD.
SUITE 1050
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name: EDWARD LETKO
82 Street Address (P.O. Box Number is Not Acceptable): 6741 W. SUNRISE BLVD
83 Suite #4
84 City: PLANTATION FL 85 Zip Code: 33313

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] Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)
DATE 9/2/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LETKO, EDWARD J	
STREET ADDRESS	500 EAST BROWARD BLVD. SUITE 1050	
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	
TITLE	EXEC VICE PRESIDENT	☐ DELETE
NAME	JOSEPH N. KLAZ	
STREET ADDRESS	6741 W SUNRISE BLVD	
CITY-ST-ZIP	SUNRISE FL. 33313	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	6741 W SUNRISE BLVD SUITE 4	
1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33313	
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		

400001[illegible]
-09/19/96--01012--015
****225.00 ****225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] JOSEPH N. KLAZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 8/1/96 Daytime Phone # 305 797-2992

CR2E034 (12/95)