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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P97000036311 (3)**

1. Corporation Name
MEDCO OF SOUTHWEST BROWARD, INC.

Principal Place of Business	Mailing Address
~~445 EAST 25TH STREET~~ ~~HIALEAH FL 33013~~	~~445 EAST 25TH STREET~~ ~~HIALEAH FL 33013~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1997

2. Principal Place of Business 21 Same as above	2a. Mailing Address 26 c/o RCAI 3511 Comm. Blvd	4. FEI Number 65-078 7465	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 3511 W. Commercial Blvd	Suite, Apt. #, etc. 27 #2nd Floor	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Ft Lauderdale, FL	City & State 28 Ft Lauderdale, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 33309 / 25 USA	Zip / Country 29 33309 / 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLER, BRYAN W JR 445 EAST 25TH STREET HIALEAH FL 33013	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVT	☐ DELETE	1.1 TITLE	D/VP ☑ Change ☐ Addition
NAME	MILLER, BRYAN W JR		1.2 NAME	Bryan w miller
STREET ADDRESS	445 EAST 25TH STREET		1.3 STREET ADDRESS	3511 W. Commercial Blvd
CITY-ST-ZIP	HIALEAH FL 33013		1.4 CITY-ST-ZIP	Ft Lauderdale, FL 33309
TITLE	S	☑ DELETE	2.1 TITLE	D/Pres ☐ Change ☑ Addition
NAME	~~MASSING, ELEANOR K~~		2.2 NAME	Ardie R. Nicked
STREET ADDRESS	~~445 EAST 25TH STREET~~		2.3 STREET ADDRESS	3511 W. Comm. Blvd
CITY-ST-ZIP	~~HIALEAH FL 33013~~		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE		☐ DELETE	3.1 TITLE	VP/D ☐ Change ☑ Addition
NAME			3.2 NAME	Richard Fincher
STREET ADDRESS			3.3 STREET ADDRESS	3511 W. Commercial Blvd.
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Ft Lauderdale, FL 33309
TITLE		☐ DELETE	4.1 TITLE	S/T ☐ Change ☑ Addition
NAME			4.2 NAME	Herb Nold
STREET ADDRESS			4.3 STREET ADDRESS	3511 W. Commercial Blvd
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Ft Lauderdale, FL 33309
TITLE		☐ DELETE	5.1 TITLE	Dir ☐ Change ☑ Addition
NAME			5.2 NAME	Andrew Pooch
STREET ADDRESS			5.3 STREET ADDRESS	3500 W. Commercial Blvd
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Ft Lauderdale, FL 33309
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: [signature] Herb Nold 3/30/98 (561) 735-9545