

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058224

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: CORERX, INC.

## Current Principal Place of Business:

4448 ASHMONT CT  
JACKSONVILLE, FL 32258

## New Principal Place of Business:

6101 JOHNS ROAD  
SUITE 8  
TAMPA, FL 33634

## Current Mailing Address:

4448 ASHMONT CT  
JACKSONVILLE, FL 32258

## New Mailing Address:

6101 JOHNS ROAD  
SUITE 8  
TAMPA, FL 33634

FEI Number: 20-4764272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRONAN, JOHN M JR.  
4448 ASHMONT CT  
JACKSONVILLE, FL 32258 US

## Name and Address of New Registered Agent:

LICARDE, MARK J  
6101 JOHNS ROAD  
SUITE 8  
TAMPA, FL 33634 US

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.

SIGNATURE: MARK J. LICARDE

04/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition  
Name: DAVIAU, TODD R  
Address: 6286 17TH STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: V ( ) Change (X) Addition  
Name: TRIVEDI, SAURABH S  
Address: 13602 SIGLER STREET  
City-St-Zip: RIVERVIEW, FL 33569

Title: S ( ) Change (X) Addition  
Name: DAVIS, JAMES F III  
Address: 1261 BLACKRUSH DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: T ( ) Change (X) Addition  
Name: LICARDE, MARK J  
Address: 4099 13TH WAY NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: D ( ) Change (X) Addition  
Name: MCMILLAN, BRIAN R  
Address: 20103 HERIAGE POINT DRIVE  
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK J. LICARDE

T

04/11/2007

Electronic Signature of Signing Officer or Director

Date