

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Dec 07, 2007  
Secretary of State**

DOCUMENT# P06000058224

Entity Name: CORERX, INC.

**Current Principal Place of Business:**

6101 JOHNS ROAD  
SUITE 8  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

6101 JOHNS ROAD  
SUITE 8  
TAMPA, FL 33634

**New Mailing Address:**

FEI Number: 20-4764272      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

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12/07/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date