

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058224

FILED
Jan 21, 2009
Secretary of State

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

Election Campaign Financing Trust Fund Contribution ().

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

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:

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: SAURABH TRIVEDI

V

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date