2002 UNIFORM BUSINESS REPORT (UBR)

P98000101643

DOCUMENT # P98000101643

1. Entity Name

THE RXFILES CORPORATION

02 JUL 29 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97164

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
342 S. TAMIAMI TRAIL NOKOMIS FL 34275	PO BOX 427 NOKOMIS FL 34275

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0879041 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLLYER, MACON PA 1834 MAIN STREET SARASOTA FL 34236	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KUTZKO, JOHN D 109 LOUELLA LANE NOKOMIS FL 34275	☒ Delete	P/CEO/D Maria Mishkind 4401 Riverside Drive Punta Gorda, FL 33950	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SINGER, MICHAEL G 705 S. LAKE HERON SHORE RD HARRISVILLE MI 48740	☒ Delete	D Jack LeFrock, M.D. 647 Waterside Way Sarasota, FL 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCMICHAEL, JOHN 2485 DOGWOOD DRIVE WEXFORD PA 15090	☒ Delete	600006856226--7 -08/01/02--01051--026 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BETTERTON, GREG 825 APALACHICOLA VENICE FL 38285	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RENNO, TOM 1437 STABA-DORO VENICE FL 34292	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria Mishkind 07.06.02 941.483.3784

7/24/02