


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90212 012 ***150.00

DOCUMENT # P99000041084

1. Entity Name
ONLINE MEDS RX, INC.



Principal Place of Business Mailing Address

12399 BELCHER ROAD S 12399 BELCHER ROAD S
 STE 160 STE 160
 LARGO, FL 33773 LARGO, FL 33773

94070689



2. Principal Place of Business 3. Mailing Address

6911 BRYAN DAIRY ROAD **6911 BRYAN DAIRY ROAD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 210 **SUITE 210**

04262004 Chg-P CR2E034 (10/03)

City & State City & State

LARGO, FLORIDA **LARGO, FLORIDA**

4. FEI Number Applied For

59-3577441 Not Applicable

Zip Country Zip Country

33777 **USA** **33777** **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TANEJA, JUGAL K
6950 BRYAN DAIRY ROAD
LARGO, FL 33777

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TANEJA, JUGAL K	
STREET ADDRESS	6950 BYAN DAIRY ROAD	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TANEJA, MANDEEP K	
STREET ADDRESS	12399 BELCHER ROAD S, SUITE 160	
CITY-ST-ZIP	LARGO, FL 33773	
TITLE	STCF	<input type="checkbox"/> Delete
NAME	SHUMAN, CANI	
STREET ADDRESS	12399 BELCHER ROAD S, SUITE 160	
CITY-ST-ZIP	LARGO, FL 33773	
TITLE	PDCE	<input checked="" type="checkbox"/> Delete
NAME	TANEJA, MANDEEP K	
STREET ADDRESS	12399 BELCHER RD SOUTH TE 160	
CITY-ST-ZIP	LARGO, FL 33773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P, D, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANEJA, MANDEEP K	
STREET ADDRESS	6911 BRYAN DAIRY RD., SUITE 210	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	S, T, CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMAN, CANI	
STREET ADDRESS	6911 BRYAN DAIRY RD., SUITE 210	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANDEEP K. TANEJA, CEO Date: 4/26/04 Daytime Phone #: 727-329-1945