

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000010195

**Entity Name:** PRESCRIPTION ADDICTION REALLY KILLS FOUNDATION, INC.

**Current Principal Place of Business:**

ONE N. TUTTLE AVE.  
SARASOTA, FL 34237

**Current Mailing Address:**

ONE N. TUTTLE AVE.  
SARASOTA, FL 34237 US

**FEI Number: 45-3704099**

**Certificate of Status Desired: No**

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

BROWNING, ROBERT WJR  
ONE NORTH TUTTLE AVE.  
SARASOTA, FL 34237 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            DIRECTOR  
Name            BROWNING, ROBERT WJR  
Address        ONE NORTH TUTTLE AVE.  
City-State-Zip: SARASOTA FL 34237

Title            DIRECTOR  
Name            SMITH, DAN  
Address        ONE NORTH TUTTLE AVE.  
City-State-Zip: SARASOTA FL 34237

Title            DIRECTOR  
Name            REHMEYER, RICHARD  
Address        ONE N. TUTTLE AVE.  
City-State-Zip: SARASOTA FL 34237

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT W. BROWNING, JR.**

**DIRECTOR**

**04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date