

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000116152

**Entity Name:** RX HEALTH, PLLC

**Current Principal Place of Business:**

5390 PARK CENTRAL COURT  
NAPLES, FL 34109

**Current Mailing Address:**

5390 PARK CENTRAL COURT  
NAPLES, FL 34109 59

**FEI Number:** 27-3888581

**Certificate of Status Desired:** No

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

HAMED, MIKALYN JD.C.  
5390 PARK CENTRAL COURT  
NAPLES, FL 34109 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

**Authorized Person(s) Detail :**

Title MGRM  
Name HAMED, MIKALYN JD.C.  
Address 5390 PARK CENTRAL COURT  
City-State-Zip: NAPLES FL 34109

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MIKALYN J. HAMED

MGRM

01/18/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date