

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001474

**Entity Name:** TRXADE GROUP, INC.

**Current Principal Place of Business:**

1115 GUNN HWY STE 202  
ODESSA, FL 33556

**Current Mailing Address:**

1115 GUNN HWY STE 202  
ODESSA, FL 33556 US

**FEI Number: 46-3673928**

**Certificate of Status Desired: No**

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

AJJARAPU, SUREN  
1115 GUNN HWY STE 202  
ODESSA, FL 33556 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            CHRM  
Name            AJJARAPU, SUREN  
Address        1115 GUNN HWY STE 202  
City-State-Zip: ODESSA FL 33556

Title            VCHR  
Name            PATEL, PRASHANT  
Address        1115 GUNN HWY STE 202  
City-State-Zip: ODESSA FL 33556

Title            P  
Name            PATEL, PRASHANT  
Address        1115 GUNN HWY STE 202  
City-State-Zip: ODESSA FL 33556

Title            D  
Name            FELL, DONALD  
Address        1115 GUNN HWY STE 202  
City-State-Zip: ODESSA FL 33556

Title            D  
Name            SANCHEZ, FERNANDO  
Address        1115 GUNN HWY STE 202  
City-State-Zip: ODESSA FL 33556

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

**SIGNATURE: PRASHANT PATEL**

**COO**

**03/09/2016**

Electronic Signature of Signing Officer/Director Detail

Date