

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90036 018 ***150.00

DOCUMENT # F01000000067 1. Entity Name SCRIPTRX, INC.					
Principal Place of Business 312 CLEMATIS ST. 301 WEST PALM BEACH FL 33401			Mailing Address 312 CLEMATIS ST. 301 WEST PALM BEACH FL 33401		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 52-2271639	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOK, VICTOR J- 312 CLEMATIS ST. SUITE 301 WEST PALM BEACH FL 33401-0000			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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW!!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEISTER, CHRISTOPHER ☒ Delete 2121 REGATTA AVE. MIAMI BEACH FL 33140-4543		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Victor Cook ☒ Change ☐ Addition 2525 Lake Dr. #5 Riviera Beach FL 33404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOK, VICTOR J ☐ Delete 2525 LAKE DRIVE #5 RIVIERA BEACH FL 33404		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Tom Atkins ☐ Change ☒ Addition 2654 Sawyer Terrace Wellington, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, SHAUN M ☒ Delete 5582 RAMBLER ROSE WAY WEST PALM BEACH FL 33415		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/1/05 (801) 805-5935 Daytime Phone #		