

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001090

Entity Name: RXSTRATEGIES, INC.

FILED  
Jan 16, 2007  
Secretary of State

## Current Principal Place of Business:

4601 SHERIDAN ST  
SUITE 400  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

## Current Mailing Address:

4601 SHERIDAN ST  
SUITE 400  
HOLLYWOOD, FL 33021

## New Mailing Address:

FEI Number: 65-1141407

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ESTABROOK, MADELEINE A  
4601 SHERIDAN ST  
SUITE 400  
HOLLYWOOD, FL 33021 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D (X) Delete  
Name: HANSON, ERIC  
Address: 319 CLEMATIS STREET #609  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: LOVETT, W. R II  
Address: 4601 SHERIDAN SUITE 400  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: SCHWARTZ, BRIAN  
Address: 4601 SHERIDAN SUITE 400  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: SLAINE, MASON  
Address: 4601 SHERIDAN ST SUITE 400  
City-St-Zip: HOLLYWOOD, FL 33021

Title: DP ( ) Delete  
Name: MARKEVICH, FENTON  
Address: 4601 SHERIDAN ST SUITE 400  
City-St-Zip: HOLLYWOOD, FL 33021

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FENTON MARKEVICH

P

01/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date