

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F04000006178

Entity Name: CATALYST RX, INC.

FILED
Feb 06, 2008
Secretary of State**Current Principal Place of Business:**9525 HILLWOOD DRIVE, SUITE 100
LAS VEGAS, NV 89134**New Principal Place of Business:****Current Mailing Address:**800 KING FARM BLVD., 4TH FLOOR
C/O THOMAS M. FARAH, HEALTHEXTRAS
ROCKVILLE, MD 20850**New Mailing Address:**

FEI Number: 88-0361447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:Title: D () Delete
Name: BLAIR, DAVID T
Address: 800 KING FARM BLVD., 4TH FLOOR
City-St-Zip: ROCKVILLE, MD 20850Title: DT () Delete
Name: DONOVAN, MICHAEL P
Address: 800 KING FARM BLVD., 4TH FLOOR
City-St-Zip: ROCKVILLE, MD 20850Title: VS () Delete
Name: FARAH, THOMAS M
Address: 800 KING FARM BLVD., 4TH FLOOR
City-St-Zip: ROCKVILLE, MD 20850Title: P () Delete
Name: HOOKS, KEVIN C
Address: 9525 HILLWOOD DRIVE, SUITE 100
City-St-Zip: LAS VEGAS, NV 89134Title: V () Delete
Name: GRUJICH, NICK J
Address: 800 KING FARM BLVD., 4TH FLOOR
City-St-Zip: ROCKVILLE, MD 20850**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DCEO (X) Change () Addition
Name: BLAIR, DAVID T
Address: 800 KING FARM BLVD., 4TH FLOOR
City-St-Zip: ROCKVILLE, MD 20850Title: () 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 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: THOMAS M. FARAH

VS

02/06/2008

Electronic Signature of Signing Officer or Director

Date