

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2007 8:00 am
Secretary of State

08-24-2007 90025 011 ***158.75

DOCUMENT # F06000002607

1. Entity Name
L-DRX, INC.



Principal Place of Business

~~5215 NORTH O'CONNOR BOULEVARD~~
~~SUITE 200~~
~~IRVING, TX 75039~~

Mailing Address

~~5215 NORTH O'CONNOR BOULEVARD~~
~~SUITE 200~~
~~IRVING, TX 75039~~

2. Principal Place of Business - No P.O. Box #

11551 Forest Central Drive

3. Mailing Address

11551 Forest Central Drive

Suite, Apt. #, etc.

Suite 118

Suite, Apt. #, etc.

Suite 118

City & State

Dallas, Texas

City & State

Dallas, Texas

Zip

75243

Country

USA

Zip

75243

Country

USA

07312007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-3089122

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PC
NAME EGLI, STEPHEN J ☒ Delete
STREET ADDRESS 5215 NORTH O'CONNOR BOULEVARD, SUITE 200
CITY-ST-ZIP IRVING, TX 75039

TITLE VSTD
NAME KROHN, JAMES E ☐ Delete
STREET ADDRESS 5215 NORTH O'CONNOR BOULEVARD, SUITE 200
CITY-ST-ZIP IRVING, TX 75039

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President, Asst. Secretary, Asst. Treasurer ☒ Change ☐ Addition
NAME Gutoff, Edward L.
STREET ADDRESS 16425 Collins Ave.
CITY-ST-ZIP Sunny Isles Beach, FL 33160

TITLE VSTD ☒ Change ☐ Addition
NAME Krohn, James E.
STREET ADDRESS 11551 Forest Central Drive, Suite 118
CITY-ST-ZIP Dallas, Tx 75243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Daytime Phone #