2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000001812

Entity Name: IN HOME RX, INC.

FILED Mar 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3443 STATE ST 5310 PAYLOR LANE SANTA BARBARA, CA 93105 SARASOTA, FL 34202

Current Mailing Address: New Mailing Address:

3443 STATE ST 2390 CRENSHAW BLVD SANTA BARBARA, CA 93105 #128 TORRANCE, CA 90501

FEI Number: 88-0475735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR STE A TALLAHASSEE, FL 32301 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: CAPITOL CORPORATE SERVICES, INC.

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: PST (X) Change () Addition Name: HAIMOVITZ, BRIAN G Name: KARNES, DENNIS W Address: 3443 STATE ST Address: 2390 CRENSHAW BLVD #128

 Address:
 3443 STATE ST
 Address:
 2390 CRENSHAW BLVD #128

 City-St-Zip:
 SANTA BARBARA, CA 93105
 City-St-Zip:
 TORRANCE, CA 90501

Title: VP () Delete Title: VP (X) Change () Addition
Name: HAIMOVITZ BRIAN G Name: KARNES DENNIS W

 Name:
 HAIMOVITZ, BRIAN G
 Name:
 KARNES, DENNIS W

 Address:
 3443 STATE ST
 Address:
 2390 CRENSHAW BLVD #128

 City-St-Zip:
 SANTA BARBARA, CA 93105
 City-St-Zip:
 TORRANCE, CA 90501

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: DENNIS W. KARNES PST 03/02/2009