# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 28, 2008**
**Secretary of State**

DOCUMENT# F07000003574

**Entity Name:** RX PRO HEALTH, INC.

**Current Principal Place of Business:**

2601 BLAKE STREET SUITE 400
DENEVER, CO 80205

**New Principal Place of Business:**

**Current Mailing Address:**

LEGAL DEPARTMENT
12400 HIGH BLUFF DRIVE
SAN DIEGO, CA 92130

**New Mailing Address:**

**FEI Number: 77-0597920** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 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: | CD | ( ) Delete |
| Name: | NOWAKOWSKI, SUSAN R | |
| Address: | 12400 HIGH BLUFF DRIVE | |
| City-St-Zip: | SAN DIEGO, CA 92130 | |
| Title: | CEO | ( ) Delete |
| Name: | NOWAKOWSKI, SUSAN R | |
| Address: | 12400 HIGH BLUFF DRIVE | |
| City-St-Zip: | SAN DIEGO, CA 92130 | |
| Title: | VDS | ( ) Delete |
| Name: | JACKSON, DENISE L | |
| Address: | 12400 HIGH BLUFF DRIVE | |
| City-St-Zip: | SAN DIEGO, CA 92130 | |
| Title: | TCFO | ( ) Delete |
| Name: | DREYER, DAVID C | |
| Address: | 12400 HIGH BLUFF DRIVE | |
| City-St-Zip: | SAN DIEGO, CA 92130 | |
| Title: | P | ( ) Delete |
| Name: | CROKE, STEVE | |
| Address: | 2601 BLAKE STREET SUITE 400 | |
| City-St-Zip: | DENVER, CO 80205 | |
| Title: | V | ( ) Delete |
| Name: | BARNHARDT, RICHARD | |
| Address: | 2601 BLAKE STREET SUITE 400 | |
| City-St-Zip: | DENEVER, CO 80205 | |

**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: | |
| 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: DENISE L. JACKSON VP 03/28/2008

Electronic Signature of Signing Officer or Director Date