2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# F08000001777

Entity Name: EPRESCRIBE AMERICA, INC.

Current Principal Place of Business:

488 BELL BRANCH LANE
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

488 BELL BRANCH LANE
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 26-2327688 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CULBERTSON, WALTER L. JR.
488 BELL BRANCH LANE
JACKSONVILLE, FL 32259 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:	PD	( ) Delete
Name:	CULBERTSON, WALTER L. JR.	
Address:	488 BELL BRANCH LANE	
City-St-Zip:	JACKSONVILLE, FL 32259	
Title:	D	( ) Delete
Name:	PEPER, CATHERINE	
Address:	4510 HARBOR N. CT.	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	D	( ) Delete
Name:	BARGER, SHAWN F.	
Address:	1522 SW 85 TERR	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	D	( ) Delete
Name:	WHITSON, FRED	
Address:	2001 DALE ST	
City-St-Zip:	TALLAHASSEE, FL 32310	
Title:	D	( ) Delete
Name:	HANDAL, CASEY K.	
Address:	736 HIGHLAND AVE.	
City-St-Zip:	BARRINGTON, IL 60010	
Title:	D	( ) Delete
Name:	HARDMAN, TODD	
Address:	1027 COLLECTION CREEK WAY	
City-St-Zip:	VIRGINIA BEACH, VA 23454	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER L. CULBERTSON JR. CEO 04/29/2009
Electronic Signature of Signing Officer or Director — Date