

F140000000820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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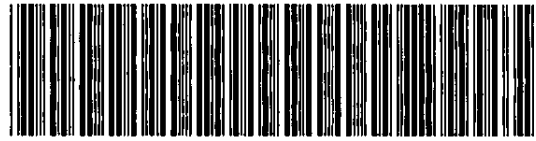
(Business Entity Name)

(Document Number)

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Amend Affidavit
to chg %
10 6/50/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARX, Accurate RX Specialty Pharmacy Corp.
Name of Corporation

DOCUMENT NUMBER: F14000000820

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shawnassey Brooks, Esq.

Name of Contact Person

Frascogna Courtney, PLLC

Firm/Company

P O Box 850191

Address

Mobile, AL 36685

City/State and Zip Code

shawnasseybrooks@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawnassey Brooks at (251) 272-3964

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:
ARX, Accurate RX Specialty Pharmacy Corp.
2. This entity was authorized to transact business in Florida on 2/21/2014 and its Florida document number is F14000000820
3. This corporation was formed under the laws of Nevada
4. The name and address of each officer and/or director is as follows:

<u>Title:</u>	<u>Name and Address</u>
<u>CEO</u>	<u>Murray Friedman</u> <u>750 Broadway</u> <u>Woodmere, NY 11598</u>
<u>President</u>	<u>Judy Lynn Wood</u> <u>696 Bonaire Circle</u> <u>Jacksonville Beach, FL 32250</u>
<u>Secretary</u>	<u>Michael Poland</u> <u>2333 Beachcomber Trail</u> <u>Atlantic Beach, FL 32233</u>
<u>Treasurer</u>	<u>Michael Poland</u> <u>2333 Beachcomber Trail</u> <u>Atlantic Beach, FL 32233</u>

(Attach additional pages if necessary)

Judy Lynn Wood
Signature of an officer or director
Judy Lynn Wood
Typed or printed name of person signing

President
Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314