

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000027008

FILED
Nov 15, 2004
Secretary of State

Entity Name: RX FINANCIAL SERVICES, LLC

Current Principal Place of Business:

3211 WALTON WAY
KOKOMO, IN 46902

New Principal Place of Business:

Current Mailing Address:

3211 WALTON WAY
KOKOMO, IN 46902

New Mailing Address:

FEI Number: 01-0737466 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, MARTHA A
3182 BAY SHORE OAKS DR
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

JOHNSON, CURT
770 SOUTH PALM AVENUE
804
SARASOTA, FL 34236 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: CURT JOHNSON

11/15/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: PRES () Delete
Name: JOHNSON, MARTHA A
Address: 3211 WALTON WAY
City-St-Zip: KOKOMO, IN 46902

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOHNSON, MARTHA A
Address: 3211 WALTON WAY
City-St-Zip: KOKOMO, IN 46902

Title: MGR () Change (X) Addition
Name: OLINGER, JOHN
Address: 1122 RESERVE WAY
City-St-Zip: INDIANAPOLIS, IN 46220

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN OLINGER

MGR

11/15/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date