

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90062 025 ****50.00

DOCUMENT # L03000040071

1. Entity Name
MEDICALRX SOLUTIONS, LLC



Principal Place of Business
**6700 NORTH ANDREWS AVE., SUITE 605
FT. LAUDERDALE, FL 33309**

Mailing Address
**6700 NORTH ANDREWS AVE., SUITE 605
FT. LAUDERDALE, FL 33309**

24060326



2. Principal Place of Business
**12000 Biscayne Blvd
Suite, Apt. #, etc.
607**

3. Mailing Address
**12555 Biscayne Blvd
Suite, Apt. #, etc.
925**

01142004 Chg-LLC CR2E083 (10/03)

City & State
**North Miami, FL
Zip 33181 Country USA**

City & State
**North Miami, FL
Zip 33181 Country USA**

4. FEI Number
20-0312848 Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BROSNIK, GLENN**
STREET ADDRESS **6700 NORTH ANDREWS AVE., SUITE 605**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

TITLE **ST** ☐ Delete
NAME **BROSNIK, GLENN**
STREET ADDRESS **6700 NORTH ANDREWS AVE., SUITE 605**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **GLENN BROSNIK**
STREET ADDRESS **12000 BISCAYNE BLVD. #607**
CITY-ST-ZIP **NORTH MIAMI, FL 33181**

TITLE **ST** ☒ Change ☐ Addition
NAME **GLENN BROSNIK**
STREET ADDRESS **12000 BISCAYNE BLVD. #607**
CITY-ST-ZIP **NORTH MIAMI, FL 33181**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-24-04

Date

305-895-7898

Daytime Phone #