

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90081 011 ****50.00

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01042007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000011170 1. Entity Name EXPRESS MEDS RX, LLC					
Principal Place of Business 1860 BOY SCOUT DR. UNIT 201 FT. MYERS, FL 33907			Mailing Address 1860 BOY SCOUT DR. UNIT 201 FT. MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-4240352 <div style="float: right; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AEBEL, ERIN S ESQ. SHUMAKER, LOOP & KENDRICK, LLP 101 EAST KENNEDY BOULEVARD, SUITE 2800 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name JONATHAN A. EATON Street Address (P.O. Box Number is Not Acceptable) 1860 Boy Scout Dr. #201 City Ft. Myers, FL Zip Code 33907		
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 <u><i>Jonathan A. Eaton</i></u> DATE <u>3/30/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.O.O. JONATHAN A. EATON 1860 Boy Scout Dr. #201 Ft. Myers, FL 33907 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Jonathan A. Eaton</i></u> JONATHAN A. EATON 3/30/07 239-274-0899 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					