2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007
Secretary of State

DOCUMENT# L06000015473

Entity Name: MED RX, LLC

Current Principal Place of Business:

1635 SHELLPOINT ROAD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

1635 SHELLPOINT ROAD
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNS, TOM
1635 SHELLPOINT ROAD
CRAWFORDVILLE, FL 32327 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

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: CEO ( ) Change (X) Addition
Name: JOHNS, TOM MR
Address: 1635 SHELLPOINT ROAD
City-St-Zip: CRAWFORDVILLE, FL 323274612 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TOM JOHNS CEO 02/15/2007

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