2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2007 8:00 am
Secretary of State
07-06-2007 90036 001 ****50.00

DOCUMENT # L06000074054

1. Entity Name
RXPERT #3 LLC

Principal Place of Business	Mailing Address
7272 WURZBACH ROAD, SUITE 902 SAN ANTONIO, TX 78240	7272 WURZBACH ROAD, SUITE 902 SAN ANTONIO, TX 78240

401

06282007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
4239 SUNBEAM RD		4239 SUNBEAM RD	
Suite, Apt. #, etc.: SUITE 1		Suite, Apt. #, etc.: SUITE 1	
City & State: JACKSONVILLE, FL		City & State: JACKSONVILLE, FL	
Zip: 32257	Country: US	Zip: 32257	Country: US

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REGISTERED AGENTS LEGAL SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301	Name: KEVIN W. DORNAN, ESQ. Street Address (P.O. Box Number is Not Acceptable): 5001 SW 20th ST SUITE 6105 34474 City: OCALA FL Zip Code: 34474

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] KEVIN W. DORNAN 6/29/07
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 September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	RXPERT, INC.		NAME	RXPERT, INC.	
STREET ADDRESS	80 SURFVIEW DRIVE		STREET ADDRESS	4239 SUNBEAM RD SUITE 1	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE		☐ Delete	TITLE	P	☐ Change ☒ Addition
NAME			NAME	ARLEN LEE BIAS	
STREET ADDRESS			STREET ADDRESS	4239 SUNBEAM RD SUITE 1	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 7/4/07 904.476.9898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #