

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090913

Entity Name: MEDICAL RX SERVICES LLC

FILED  
Mar 05, 2007  
Secretary of State

## Current Principal Place of Business:

4188 DAIRY CT  
SUITE# D  
PORT ORANGE, FL 32127 US

## New Principal Place of Business:

## Current Mailing Address:

4188 DAIRY CT  
SUITE# D  
PORT ORANGE, FL 32127 US

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

SMITH, MARLENE  
4188 DAIRY CT  
SUITE #D  
PORT ORANGE, FL FL 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: MGRM ( ) Delete  
Name: SMITH, MARLENE  
Address: 4188 DAIRY CT., SUITE #D  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM ( ) Delete  
Name: EDWARDS, DOUG  
Address: 4188 DAIRY CT., SUITE #D  
City-St-Zip: PORT ORANGE, FL 32127 US

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

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: BLAKE, MARK  
Address: 4188 DAIRY CT., SUITE #D  
City-St-Zip: PORT ORANGE, FL 33127 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: MARK T BLAKE

MGRM

03/05/2007

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