

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090913

Entity Name: MEDICAL RX SERVICES LLC

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

914 POINCIANA LANE
WINTER PARK, FL 32789 US

Current Mailing Address:

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

New Mailing Address:

914 POINCIANA LANE
WINTER PARK, FL 32789 US

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

Name and Address of Current Registered Agent:

BLAKE, MARK T MGRM
914 POINCIANA LN
SUITE #D
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

BLAKE, MARK T MGRM
914 POINCIANA LN
WINTER PARK, FL 32789 US

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: MARK T BLAKE

03/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BLAKE, MARK
Address: 914 POINCIANA LANE
City-St-Zip: WINTER PARK, FL 32789 US

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

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

MGR

03/26/2009

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