

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124185

**FILED**  
**Feb 06, 2008**  
**Secretary of State**

**Entity Name:** STAT RX USA, LLC

**Current Principal Place of Business:**

3333 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

2481 HILTON DRIVE, UNIT 5  
GAINESVILLE, GA 30501

**Current Mailing Address:**

3333 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207

**New Mailing Address:**

P.O. BOX 10890  
JACKSONVILLE, FL 32247

**FEI Number:** 26-1602531

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOGAN, JEFFREY S  
3333 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIA  
225 WATER STREET  
SUITE 1800  
JACKSONVILLE, FL 32202 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: M. RICHARD LEWIS, JR.

02/06/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR. ( ) Change (X) Addition  
Name: RIDGE, ROBERT  
Address: 2481 HILTON DRIVE, UNIT 5  
City-St-Zip: GAINESVILLE, GA 30501

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: ROBERT RIDGE

MGR.

02/06/2008

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