05081999-90043-040-$150.00-$150.00

FILED
May 08, 1999 8:00 am
Secretary of State
05-08-1999 90043 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L33249**

1. Corporation Name
RX DOCTOR'S ORDERS, INC.

61/469 - 90013 - 3

Principal Place of Business
17251 ALICO CENTER ROAD
#1
FORT MYERS FL 33912
US

Mailing Address
2446 MALAYA COURT SOUTH
PUNTA GORDA FL 33983

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
11/28/1989

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number
65-0195238
☐ Applied For
☐ Not Applicable

5. *Certificate of Status Desired* ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
WRIGHT, DAVID
105 E. MARION AVENUE
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent
B1 Name WRIGHT DAVID
B2 Street Address (P.O. Box Number is Not Acceptable) 2446 MALAYA CT SOUTH
B3
B4 City PUNTA GORDA FL B5 Zip Code 33983

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE (DAVID WRIGHT) 28TH APRIL 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	WOODS, PETER	
STREET ADDRESS	105 E. MARION AVENUE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	VP	☐ DELETE
NAME	WRIGHT, DAVID	
STREET ADDRESS	105 E. MARION AVENUE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☐ Addition
1.2 NAME	WOODS PETER (P)	
1.3 STREET ADDRESS	2470 HARBOR LANE	
1.4 CITY-ST-ZIP	SANIBEL, FLORIDA 33957	
2.1 TITLE	D	☐ Change ☐ Addition
2.2 NAME	WRIGHT DAVID (VP)	
2.3 STREET ADDRESS	2446 MALAYA CT SOUTH	
2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33983	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME	O'CONNOR ANTHONY (VP)	
3.3 STREET ADDRESS	2470 HARBOR LANE	
3.4 CITY-ST-ZIP	SANIBEL, FLORIDA 33957	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	LORICCO CARLO (D)	
4.3 STREET ADDRESS	PO BOX 3179	
4.4 CITY-ST-ZIP	3005 CARING WAY SUITE A PORT CHARLOTTE FL 33949	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: 28TH April 1999 941-2676300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #