2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90094 043 ***150.00

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1. Entity Name
RXFREEDOM, INC.

Principal Place of Business	Mailing Address
C/O THE CARE GROUP 903 SE CENTRAL PARKWAY STUART, FL 34994	C/O THE CARE GROUP 903 SE CENTRAL PARKWAY STUART, FL 34994

2. Principal Place of Business	3. Mailing Address
2646 SW MAPP RD	2646 SW MAPP RD
Suite, Apt. #, etc. Suite 302	Suite, Apt. #, etc. Suite 302
City & State PALM City, FL	City & State PALM City, FL
Zip 34990 Country MARTIN	Zip 34990 Country MARTIN

01182005 Chg-P CR2E034 (10/03)

4. FEI Number
31-1662048
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIETH, RONALD J 903 S.E. CENTRAL PKWY STUART, FL 34994	Name: RIETH, RONALD J. Street Address (P.O. Box Number is Not Acceptable): 2646 SW MAPP RD. Suite 302 City: PALM City, FL Zip Code: 34990

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALTIERI, GERARD N 903 SE CENTRAL PKWY STUART, FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALTIERI, GERARD N. 2646 SW MAPP RD - STE 302 PALM City, FL 34990	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD RIETH, RONALD J 903 SE CENTRAL PKWY STUART, FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD RIETH, RONALD J 2646 SW MAPP RD PALM City, FL 34990	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD ALTIERI, MARK P 1144 WEST ERIC AVENUE LORAIN, OH 440520840	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD ALTIERI, MARK P. 35765 CHESTER RD AVON, OH 44011	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-4-05 772-221-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #