2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90094 043 ***150.00

40017033

01182005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000006390

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

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

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

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 #