2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE REQUÍRA

FILED Aug 31, 2001 8:00 am Secretary of State P00000019065 DOCUMENT # 08-15-2001 90001 039 ***150.00 1. Entity Name RX ASSOCIATES, INC. Principal Place of Business Mailing Address 11100 1329 CORAL WAY SOUTH 1329 CORAL WAY SOUTH ST. PETERSBURG FL 33706 ST. PETERSBURG FL 33705 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 3630255 Not Applicable Country \$8.75 Additional 5. ·Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Regist RUBINSKY, GAIL Street Address (P.O. Box Number is Not Acceptable) 1329 CORAL WAY SOUTH ST. PETERSBURG FL 33705 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWI!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE 5/01 RUBINSKY, GAIL NAME NAME 1329 CORAL WAY SOUTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33705 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ACIDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CTTY-ST-ZIP CITY-ST-ZIP. ☐ Change TITLE Celete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITA E ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 11 or Block 12 is

Attachment 11782 Doct P00000019065 Deference # P00000019065