

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 19, 2001 8:00 am**  
**Secretary of State**

0143821 SP

**DOCUMENT # P00000019289**

1. Entity Name  
**RXSD RECEIVABLES, INC.**



Principal Place of Business      Mailing Address  
**611 BROKEN SOUND PARKWAY NORTHWEST**      **611 BROKEN SOUND PARKWAY NORTHWEST**  
**BOCA RATON FL 33487**      **BOCA RATON FL 33487**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**6111 Brkn.Snd.Pkwy.N.W.**      **6111 Brkn.Snd.Pkwy.N.W.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
    **Legal Dept.**

City & State      City & State  
**Boca Raton, FL**      **Boca Raton, FL**

4. FEI Number      Applied For  
**65-1038158**       Not Applicable

Zip      Country      Zip      Country  
**33487**      **USA**      **33487**      **USA**

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

6. Name and Address of Current Registered Agent  
**CORP/DIRECT AGENTS**  
**103 NORTH MERIDIAN STREET**  
**LOWER LEVEL**  
**TALLAHASSEE FL 32315**

7. Name and Address of New Registered Agent  
 Name **Richard Werber**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6111 Broken Sound Parkway, NW**  
 City **Boca Raton**      **FL**      Zip Code **33487**

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 **Richard Werber**      9/4/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>President</b><br><b>Damon Desantis</b><br><b>6111 Brkn.Snd.Pkwy., NW</b><br><b>Boca Raton, FL 33487</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Vice President, Secretary</b><br><b>Richard Werber</b><br><b>6111 Brkn.Snd.Pkwy. NW</b><br><b>Boca Raton, FL 33487</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Vice President, Treasurer</b><br><b>Geary Cotton</b><br><b>6111 Brkn.Snd.Pkwy., NW</b><br><b>Boca Raton, FL 33487</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **Richard Werber**      9/4/01 (561) 999-1008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/01)



Innovative Nutrition Solutions

Attachment  
of power 19589  
A0086757

September 14, 2001

VIA PRIORITY MAIL

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Incorrect address on Uniform Business Report for RXSD Receivables, Inc.

To Whom It May Concern:

Please be advised that it appears as if the most recent filing with your office listed our address incorrectly in error. As a result this office has not received the initial Uniform Business Report ("UBR") or any other notices from the State of Florida regarding required annual filings until just recently.

Enclosed please find our UBR completed with the correct address, officer and registered agent information for the 2001 year.

We understand that this correspondence will satisfy the State's requirement of a written statement concerning our address and tardiness in filing the required UBR in order for RXSD Receivables, Inc., to avoid the State's penalty for filing our UBR late.

Thank you for your consideration in this matter.

Very truly yours,

A handwritten signature in cursive script that reads "Michelle G. Hall".

Michelle G. Hall  
Corporate Legal Assistant

Enclosures

MGH/