

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040594

FILED  
Aug 31, 2004  
Secretary of State

Entity Name: XPRESS RX PHARMACY I, INC.

**Current Principal Place of Business:**

ONE FINACIAL PLAZA  
FORT LAUDERDALE, FL 33394

**New Principal Place of Business:**

5400 W ATLANTIC BLVD  
MARGATE, FL 33063

**Current Mailing Address:**

ONE FINACIAL PLAZA  
FORT LAUDERDALE, FL 33394

**New Mailing Address:**

5400 W ATLANTIC BLVD  
MARGATE, FL 33063

FEI Number: 65-1098524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: JAMES, LANCELOT F  
Address: 1030 SOUTHWEST 50TH AVENUE  
City-St-Zip: MARGATE, FL 33068

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: JAMES, LANCELOT F  
Address: 5400 W ATLANTIC BLVD  
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANCELOT JAMES

PRES

08/31/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date