2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006
Secretary of State

DOCUMENT# P02000033522

Entity Name: ACCENT RX, INC.

Current Principal Place of Business:

5310 CYPRESS CENTER DRIVE
SUITE 101
TAMPA, FL 33609

New Principal Place of Business:

324 SOUTH HYDE PARK AVENUE
SUITE 350
TAMPA, FL 33606

Current Mailing Address:

5310 CYPRESS CENTER DRIVE
SUITE 101
TAMPA, FL 33609

New Mailing Address:

324 SOUTH HYDE PARK AVENUE
SUITE 350
TAMPA, FL 33606

FEI Number: 06-1652642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D ( ) Delete
Name: O'DONNELL, FRANCIS E JR.
Address: 5310 CYPRESS CENTER DRIVE #101
City-St-Zip: TAMPA, FL 33609

Title: CFO ( ) Delete
Name: MCNULTY, JAMES A
Address: 5310 CYPRESS CENTER DRIVE #101
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: RYLL, DENNIS L M.D.
Address: 5310 CYPRESS CENTER DRIVE #101
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: O'DONNELL, FRANCIS E JR.
Address: 324 SOUTH HYDE PARK AVENUE, SUITE 350
City-St-Zip: TAMPA, FL 33606

Title: CFO (X) Change ( ) Addition
Name: MCNULTY, JAMES A
Address: 324 SOUTH HYDE PARK AVENUE, SUITE 350
City-St-Zip: TAMPA, FL 33606

Title: D (X) Change ( ) Addition
Name: RYLL, DENNIS L M.D.
Address: 324 SOUTH HYDE PARK AVENUE, SUITE 350
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: FRANCIS E. O'DONNELL JR., M.D. D 04/05/2006

Electronic Signature of Signing Officer or Director — Date