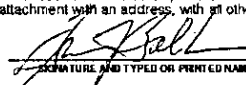


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 19 AM 8:00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000044600			
1. Entity Name RX FINANCIAL CORP.			
Principal Place of Business 5613 MACALLAN DRIVE TAMPA, FL 33625		Mailing Address 5613 MACALLAN DRIVE TAMPA, FL 33625	
2. Principal Place of Business 14802 N. DALE MABRY HWY Suite, Apt. #, etc. 201 City & State TAMPA FLORIDA Zip 33618 Country USA		3. Mailing Address 14802 N. DALE MABRY HWY Suite, Apt. #, etc. 201 City & State TAMPA FLORIDA Zip 33618 Country USA	
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGLIANO, JOHN J ESQ. 201 N. FRANKLIN STREET SUITE 2600 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		DATE (NOTE: Registered Agent signature required when maintaining)	
FILING FEE: \$150.00 ADDITIONAL FEE: \$5.00 TOTAL FEE: \$155.00 Make check payable to Florida Department of State		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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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 an other like empowered.			
SIGNATURE: 		8/15/03 (813) 964-5644 Date Daytime Phone #	

CE 034 (10/02)

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