

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90018 010 ***150.00

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01102005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000114357 1. Entity Name RXFIRST, INC.					
Principal Place of Business 175 KELSEY LANE TAMPA, FL 33619			Mailing Address 1300 MORRIS DRIVE CHESTERBROOK, PA 19087		
2. Principal Place of Business 1300 Morris Drive		3. Mailing Address 1300 Morris Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Chesterbrook, PA		City & State Chesterbrook, PA 10		4. FEI Number 04-3722897	
Zip 19087		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P WEIDNER, DAVID A 1300 MORRIS DRIVE CHESTERBROOK, PA 19087		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/P+ CFO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SHIELDS, WILLIAM G 1300 MORRIS DRIVE CHESTERBROOK, PA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS SCHEELS, JOHN 1300 MORRIS DRIVE CHESTERBROOK, PA 19087		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP+ Asst Secretary Richard M. Greenhall 1300 Morris Drive Chesterbrook, PA 19087	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS SPRAGUE, WILLIAM D 1300 MORRIS DRIVE CHESTERBROOK, PA 19087		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HIRST, DANIEL T 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HIRST, DANIEL T 1300 MORRIS DRIVE CHESTERBROOK, PA 19087		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HIRST, DANIEL T 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HIRST, DANIEL T 1300 MORRIS DRIVE CHESTERBROOK, PA 19087		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HIRST, DANIEL T 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	
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 all other like empowered.					
SIGNATURE: <u>Daniel T Hirst</u> <u>3/9/2005</u> <u>610 727 7000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					