

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90114 021 ***150.00

DOCUMENT # P02000114357

1. Entity Name
RXFIRST, INC.



Principal Place of Business
**1300 MORRIS DRIVE
CHESTERBROOK, PA 19087**

Mailing Address
**1300 MORRIS DRIVE
CHESTERBROOK, PA 19087**

2. Principal Place of Business
1300 Morris Drive
Suite, Apt. #, etc.

3. Mailing Address
1300 Morris Drive
Suite, Apt. #, etc.

03222006 Chg-P CR2E034 (11/05)



City & State
Chesterbrook PA
Zip
19087 Country
USA

City & State
Chesterbrook PA
Zip
19087 Country
USA

4. FEI Number
04-3722897 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DPC	<input type="checkbox"/> Delete
NAME	WEIDNER, DAVID A	
STREET ADDRESS	1300 MORRIS DRIVE	
CITY-ST-ZIP	CHESTERBROOK, PA 19087	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHIELDS, WILLIAM G	
STREET ADDRESS	1300 MORRIS DRIVE	
CITY-ST-ZIP	CHESTERBROOK, PA	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	GREENHALL, RICHARD	
STREET ADDRESS	1300 MORRIS DRIVE	
CITY-ST-ZIP	CHESTERBROOK, PA 19087	
TITLE	SVPS	<input checked="" type="checkbox"/> Delete
NAME	SPRAGUE, WILLIAM D	
STREET ADDRESS	1300 MORRIS DRIVE	
CITY-ST-ZIP	CHESTERBROOK, PA 19087	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HIRST, DANIEL T	
STREET ADDRESS	1300 MORRIS DRIVE	
CITY-ST-ZIP	CHESTERBROOK, PA 19087	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP + Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Chou	
STREET ADDRESS	1300 Morris Drive	
CITY-ST-ZIP	Chesterbrook PA 19087	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Daniel T. Hirst

4/11/2006

610 227-7000