

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90065 050 ***150.00

DOCUMENT # P03000030716

1. Entity Name
RX AUDITORS & CONSULTANTS, INC.



Principal Place of Business
**2801 PONCE DE LEON BLVD SUITE 1100
CORAL GABLES, FL 33134**

Mailing Address
**2801 PONCE DE LEON BLVD SUITE 1100
CORAL GABLES, FL 33134**

40099010



2. Principal Place of Business - No P.O. Box #

**2 Alhambra Plaza
Suite 1100**

3. Mailing Address

**2 Alhambra Plaza
Suite 1100**

04092007 Chg-P CR2E034 (12/06)

City & State
Coral Gables, FL

City & State
Coral Gables, FL.

4. FEI Number
90-0066823

Applied For
Not Applicable

Zip
33134

Country
U.S.

Zip
33134

Country
U.S.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CARLSON, SHARON
2801 PONCE DE LEON BLVD SUITE 1100
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name **Sharon Carlson**
Street Address (P.O. Box Number is Not Acceptable)
**2 Alhambra Plaza
Suite 1100**
City **Coral Gables** FL Zip Code **33134**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LAPADULA, DANIEL
2801 PONCE DE LEON BLVD SUITE 1100
CORAL GABLES, FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
CARLSON, SHARON
2801 PONCE DE LEON BLVD SUITE 1100
CORAL GABLES, FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PETERS, BRIAN
2801 PONCE DE LEON BLVD SUITE 1100
CORAL GABLES, FL 33134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LAPADULA, DANIEL
2 Alhambra Plaza, Suite 1100
Coral Gables, FL. 33134** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
Carlson, Sharon
2 Alhambra Plaza, Suite 1100
Coral Gables, FL. 33134** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Peters, Brian
2 Alhambra Plaza
Coral Gables, FL. 33134** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 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 #

4-9-07