


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2008 8:00 am
Secretary of State

06-05-2008 90001 021 ***150.00

DOCUMENT # P04000138915	
1. Entity Name RX ADVOCATE INC.	

Principal Place of Business 13012 WHISPER BAY PLACE TAMPA FL 33618 US	Mailing Address PO BOX 133158 TAMPA FL 33684 US 13012 Whisper Tampa, FL 33618
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
State, Apt. #, etc	State, Apt. #, etc
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 11-3742052	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORALES, ISRAEL T 3411 W. LOUISIANA AVE. TAMPA FL 33614	
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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 certifies 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 _____ DATE _____
Signature, typed or printed name of individual agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
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	P,D TOWATER, SUSIE 13012 WHISPER BAY PLACE TAMPA FL 33618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP,D MORALES, ISRAEL 3411 W LOUISIANA AVE TAMPA FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Susie Towater
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/08 813-963-3774



ATTACHMENT

SUE E. TOWATER

P.O. Box 153158
Tampa, Florida 33684
Telephone 813/963 3867
Fax 813/960 4602
E-mail Susie@rxadvocate.org

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May 27, 2008

To: The Florida Dept. Of State

I called your office today and was told to write this letter informing you that we did not receive this from our P.O. Box until after the May 1st dead line. And although we are listed as for profit, neither my partner nor I have ever drawn a pay check from this business nor made a profit. Our business is to assist the elderly who do not have prescription insurance and are low income, get their medications free from the pharmaceutical companies. We charge only \$10 to do the forms and processing every three months.

Your agent told me to write this letter and send you the \$150. I have changed the mailing address to my home so that next year we will not have problems receiving.

Thank you in advance,

Susie Towater