

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168451

Entity Name: RX MEDS PHARMACY, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

2751 N. HIAWASSEE ROAD
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

8241 WELLSMERE CIRCLE
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 20-2047092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORPE, LYSANDER
6327 PINEY GLEN LANE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: DURBAL-MOHAMMED, ANGANIE
Address: 8241 WELLSMERE CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: P () Delete
Name: MOHAMMED, ALLIF
Address: 8241 WELLSMERE CIR
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGANIE DURBAL-MOHAMMED

V

04/29/2008

Electronic Signature of Signing Officer or Director

Date