

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000170751

1. Entity Name  
MEDRX HEALTH INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 16 AM 11:23

Principal Place of Business

725 NORTH A1A  
SUITE E-106  
JUPITER, FL 33477 US

Mailing Address

725 NORTH A1A  
SUITE E-106  
JUPITER, FL 33477 US

REINSTATEMENT 05-06



03082006 REIN-P CR2E098 (11/05)

2. Principal Place of Business

725 NORTH A1A  
SUITE E-103

3. Mailing Address

725 NORTH A1A  
SUITE E-103

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33477

USA

33477

USA

4. FEI Number

13-4294857

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KLAPP, EDWARD JR.  
725 NORTH A1A  
SUITE E-103  
JUPITER, FL 33477

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 \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME EDWARD, KLAPP JR.  
STREET ADDRESS 725 NORTH A1A, SUITE E-103  
CITY-ST-ZIP JUPITER, FL 33477 ☐ Delete

TITLE VP  
NAME EDWARD, KLAPP IV  
STREET ADDRESS 725 NORTH A1A, SUITE E-103  
CITY-ST-ZIP JUPITER, FL 33477 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
000068943980  
03/29/06--01013--024 \*\*\$300.00

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

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: Edward Klapp Jr. EDWARD KLAPP JR. 3-8-06 561-746-6868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #