

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000016204

Entity Name: MED LOANS RX, INC.

FILED
Apr 10, 2006
Secretary of State

Current Principal Place of Business:

405 SOUTH DALE MABRY HIGHWAY #240
TAMPA, FL 33609

New Principal Place of Business:

14179 WATERVILLE CIRCLE
TAMPA, FL 33612

Current Mailing Address:

405 SOUTH DALE MABRY HIGHWAY #240
TAMPA, FL 33609

New Mailing Address:

14179 WATERVILLE CIRCLE
TAMPA, FL 33612

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYOR, JASON
405 SOUTH DALE MABRY HIGHWAY #240
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

INGALLS, CHESTER W
3495 5TH AVE N
ST PETERSBURG, FL 33713 US

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: CHESTER W. INGALLS

04/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PAYOR, JASON
Address: 405 SOUTH DALE MABRY HIGHWAY #240
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PAYOR, JASON
Address: 14179 WATERVILLE CIRCLE
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the 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: JASON B PAYOR

PRES

04/10/2006

Electronic Signature of Signing Officer or Director

Date