2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044720

Entity Name: PILLS PLUS, INC.

FILED Jul 19, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

181 SABAL PALM DRIVE, STE. 101 181 SABAL PALM DRIVE, STE. 102 LONGWOOD, FL 32779

LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

181 SABAL PALM DRIVE, STE. 101 2915 PIEDMONT RD., SUITE A

LONGWOOD, FL 32779 ATLANTA, GA 30305

FEI Number: 20-2562153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILLER, ROBERT S. BOGACHEK, MICHAEL E DR. 181 SABAL PALM DRIVE, STE. 101 181 SABAL PALM DR. LONGWOOD, FL 32779 SUITE 102

LONGWOOD, FL 32779 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: MICHAEL BOGACHEK 07/19/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MILLER, ROBERT S QRX, LLC, QRX, LLC Name: Name: P O BOX 915326 Address: 181 SABAL PALM DR., SUITE 102 Address: City-St-Zip: LONGWOOD, FL 32791 City-St-Zip: LONGWOOD, FL 32779 US

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.

VΡ SIGNATURE: MICHAEL BOGACHEK 07/19/2008