2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 24, 2006 8:00 am **Secretary of State** DOCUMENT # P05000107574 1. Entity Name 03-24-2006 90034 014 ***150.00 MEDRX SUPPLY INC. Principal Place of Business Mailing Address 725 NORTH A1A. 725 NORTH A1A, SUITE E-103 SUITE E-103 JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 43-2087128 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLAPP, EDWARD JR Street Address (P.O. Box Number is Not Acceptable) 725 NORTH A1A SUITE E-103 JUPITER FL 33477 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PFF.S. Change TITLE Delete TITLE Addition NAME KLAPP, EDWARD NAME EDWARD IV 725 NORTH AIA, SUITE E-103 STREET ADDRESS 725 NORTH A1A, SUITE E-103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 Delete ☐ Addition TITLE TITLE KLAPP, EDWARD NAME MAME KLAPP EDWARD UR. 785 NORTH AIR, SUITE E-103 STREET ADDRESS STREET ADDRESS 725 NORTH A1A, SUITE E-103 CITY-ST-ZIP JUPITER FL 33477 CITY-ST-7iP Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.