

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125637

FILED
May 05, 2007
Secretary of State

Entity Name: RX OT HEALTHCARE, INCORPORATED

Current Principal Place of Business:

761 NW 135TH WAY
PLANTATION, FL 33325

New Principal Place of Business:

Current Mailing Address:

761 NW 135TH WAY
PLANTATION, FL 33325

New Mailing Address:

FEI Number: 02-0750207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATEL, JYOTI
Address: 761 NW 135TH WAY
City-St-Zip: PLANTATION, FL 33325

Title: VP () Delete
Name: PATEL, MINESH
Address: 761 NW 135TH WAY
City-St-Zip: PLANTATION, FL 33325

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: JYOTI PATEL

P

05/05/2007

Electronic Signature of Signing Officer or Director

_____ Date