

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000020075

FILED
Oct 31, 2008
Secretary of State

Entity Name: PHARMACY RETURNS LOGISTICS, INC.

Current Principal Place of Business:

6823 NW 218TH ST.
ALACHUA, FL 32615

New Principal Place of Business:

27059 83RD PLACE
BRANFORD, FL 32008

Current Mailing Address:

P.O. BOX 391
BRANDORD, FL 32008

New Mailing Address:

FEI Number: 20-8499385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEUSS, MIKE
6823 NW 218TH ST.
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

HUTCHINSON, CYNTHIA
27059 83RD PLACE
BRANFORD, FL 32008 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: CYNTHIA HUTCHINSON

10/31/2008

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: HUTCHINSON, TOM
Address: P.O. BOX 302
City-St-Zip: O'BRIEN, FL 32071

Title: V () Delete
Name: TANNER, ASHLEY
Address: 770 RICHFIELD COVE
City-St-Zip: JACKSON, TN 38305

Title: S () Delete
Name: HEUSS, MIKE
Address: 6823 NW 218TH ST.
City-St-Zip: ALACHUA, FL 32615

Title: T () Delete
Name: HUTCHINSON, CYNTHIA
Address: P.O. BOX 302
City-St-Zip: O'BRIEN, FL 32071

Title: D () Delete
Name: TANNER, DEBORAH
Address: 770 RICHFIELD COVE
City-St-Zip: JACKSON, TN 38305

Title: D () Delete
Name: HEUSS, CONSTANCE V
Address: 6823 NW 218TH ST.
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CYNTHIA HUTCHINSON

VP

10/31/2008

Electronic Signature of Signing Officer or Director

Date