2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# P07000074346

Entity Name: HYGEIA RX TENENS INC.

Current Principal Place of Business:

12921 NW 2ND ST
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

P O BOX 260483
PEMBROKE PINES, FL 33026

New Mailing Address:

P O BOX 246524
PEMBROKE PINES, FL 33024

FEI Number: 74-3218773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOWATT, LISA
12921 NW 2ND ST
PEMBROKE PINES, FL 33028 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOWATT, LISA
Address: P O BOX 260483
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MOWATT, LISA
Address: P O BOX 246524
City-St-Zip: PEMBROKE PINES, FL 33024

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: LISA MOWATT P 01/21/2009

Electronic Signature of Signing Officer or Director Date