2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# P08000009316

Entity Name: ARBOR SOLUTIONS RX, INC

Current Principal Place of Business:

795 COMMERCE DR
SUITE 3
VENICE, FL 34292 US

New Principal Place of Business:

Current Mailing Address:

795 COMMERCE DR
SUITE 3
VENICE, FL 34292 US

New Mailing Address:

FEI Number: 26-1921026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLYNN, JOHN J
795 COMMERCE DR
SUITE 3
VENICE, FL 34292 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: FLYNN, JOHN J
Address: 795 COMMERCE DR, SUITE 3
City-St-Zip: VENICE, FL 34292 US

Title: S ( ) Delete
Name: DENHAM, TIM
Address: 3455 DELOR AVE
City-St-Zip: NORTH PORT, FL 34286 US

Title: T ( ) Delete
Name: UTT, KEITH V
Address: 795 COMMERCE DR, SUITE 3
City-St-Zip: VENICE, FL 34292 US

Title: D ( ) Delete
Name: FUTCH, TROY JR
Address: 26228 DEEP CREEK BLVD.
City-St-Zip: PUNTA GORDA, FL 33983 US

Title: D ( ) Delete
Name: PEER, DENNIS
Address: 5356 LAYTON DRIVE
City-St-Zip: VENICE, FL 34293 US

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:

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: JOHN FLYNN P 04/13/2009

Electronic Signature of Signing Officer or Director — Date