

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000036051

**FILED**  
**Dec 06, 2010**  
**Secretary of State**

**Entity Name:** RX EXPRESS MEDICAL COURIER, INC.

**Current Principal Place of Business:**

1898 NW 141 AVENUE  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

7650 NW 6TH STREET  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

1898 NW 141 AVENUE  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

7650 NW 6TH STREET  
PEMBROKE PINES, FL 33024

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOMENECH, PRISCILLA  
7650 NW 6TH STREET  
PEMBROKE PINES, FL 33024 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: PRISCILLA DOMENECH

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DOMENECH, PRISCILLA  
Address: 7650 NW 6 STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby 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 all other like empowered.

SIGNATURE: PRISCILLA DOMENECH

PRES

12/06/2010

Electronic Signature of Signing Officer or Director

Date