

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000020693

FILED  
Jan 18, 2012  
Secretary of State

Entity Name: CAREPLUS RX CORP.

**Current Principal Place of Business:**

701 W DR MARTIN LUTHER KING BLVD  
SUITE 1  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

701 W DR MARTIN LUTHER KING BLVD  
SUITE 1  
TAMPA, FL 33603

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BAKARE, AKIN  
701 WEST DR MARTIN LUTHER KING BLVD  
SUITE 1  
TAMPA, FL 33603 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

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: BAKARE, SUSAN  
Address: 701 WEST M.L.K. JR BLVD SUITE 1  
City-St-Zip: TAMPA, FL 33603

Title: DIR  
Name: BAKARE, AKIN  
Address: 701 WEST M.L.K. JR BLVD SUITE 1  
City-St-Zip: TAMPA, FL 33603

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: AKIN BAKARE

DIR

01/18/2012

Electronic Signature of Signing Officer or Director

Date