

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000032034

Entity Name: PHARMRX, INC.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7189 PEMBROKE ROAD  
PEMBROKE PINES, FL 33023 US

**New Principal Place of Business:**

**Current Mailing Address:**

7189 PEMBROKE ROAD  
PEMBROKE PINES, FL 33023 US

**New Mailing Address:**

FEI Number: 45-2017876

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TORRES, J. RAMON  
7189 PEMBROKE ROAD  
PEMBROKE PINES, FL 33023 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: P  
Name: TORRES, J. RAMON  
Address: 7189 PEMBROKE ROAD  
City-St-Zip: PEMBROKE PINES, FL 33023 US

Title: VP  
Name: TORRES, MAGGIE  
Address: 7189 PEMBROKE ROAD  
City-St-Zip: PEMBROKE PINES, FL 33023 US

Title: D  
Name: MULLIGAN, PATRICIA  
Address: 7189 PEMBROKE ROAD  
City-St-Zip: PEMBROKE PINES, FL 33023 US

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: J. RAMON TORRES

PD

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date