

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90114 037 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000072671

1. Corporation Name
RX ONE, INC.

Principal Place of Business
**601 SOUTH LAKE DESTINY DRIVE
SUITE 250
MAITLAND FL 32751**

Mailing Address
**1018 W. 9TH AVENUE
ATTN: TAX DEPT.
KING OF PRUSSIA PA 19406**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1995

4. FEI Number

59-3358932

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 **7990 SW 117 Avenue**

2a. Mailing Address
26 **7990 SW 117 Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 **Miami, FL**

City & State
28 **Miami, FL**

Zip Country
24 **33183** 25 **USA**

Zip Country
29 **33183** 30 **USA**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
William I. Grossman

82 Street Address (P.O. Box Number is Not Acceptable)
7990 SW 117 Avenue

84 City
Miami

85 Zip Code
FL 33183

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

William I. Grossman, Director

2/16/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BYRD, B. C	
STREET ADDRESS	2621 VANBUREN AVE	
CITY-ST-ZIP	NORRISTOWN PA 19403	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SCHUBERT, THOMAS D	
STREET ADDRESS	2621 VANBUREN AVE	
CITY-ST-ZIP	NORRISTOWN PA 19403	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LOCILENTO, ARTHUR	
STREET ADDRESS	2621 VANBUREN AVE	
CITY-ST-ZIP	NORRISTOWN PA 19403	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	MARTINO, MARIE L	
STREET ADDRESS	2621 VANBUREN AVE	
CITY-ST-ZIP	NORRISTOWN PA 19403	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HULBER, LOREN J	
STREET ADDRESS	2621 VANBUREN AVE	
CITY-ST-ZIP	NORRISTOWN PA 19403	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William I. Grossman	
1.3 STREET ADDRESS	7990 SW 117 Avenue	
1.4 CITY-ST-ZIP	Miami, FL 33183	
2.1 TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	David A. Saltzman	
2.3 STREET ADDRESS	7990 SW 117 Avenue	
2.4 CITY-ST-ZIP	Miami, FL 33183	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William I. Grossman, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/16/99 (305) 595-4040
Daytime Phone #

CR2E034 (11/98)