2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000018908

1. Entity Name

RX SOLUTIONS, INC.



FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90123 017 ***150.00

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Principal Plac 13101 TELECO TAMPA FL 336)M DR	P.O.	Mailing Address P.O. BOX 16688 TAMPA FL 33687-6688) (1881/1881) 18 (8/81 18/1/ 88/1/ 88/1/ 8	188 68 42 874		i derdi ider iber		
2. Principal P	lace of Busine	3. Ma	3. Mailing Address									
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State	e	City	City & State				4. FEI Number 59-3495447 Applied For Not Applicable					
Zip Country				Zip Counti				5. Certificate of Status Desired	□ \$6	3.75 Ac e Requir	iditional	e
	6. Name a	nd Address of Cu	rrent Register	ed Agent		I		7. Name and Address of New Regi				-
CAMPBELL						Name	IAN :	D. CAMPBELL	atered Ag	<u> </u>		┨
	., IAN D ILAND PARK		Stre			dress (P.O. Box Number is Not Acceptable)					\dashv	
LUTZ FL 3		OII.OCE					135.	50 AMBERLY DRIVE, AP	T 3221			\dashv
						City			FL	Zip Cod	de	-{
8. The above	named entity s	submits this statem	ent for the purp	ose of changing its	registere	ed office or re	nistere	TAMPA d agent, or both, in the State of Florida	FL	Zip Cod 336	47	_
the obligation	ons of register	ed agent.	, , , , , , , , , , , , , , , , , , ,	ood of offering to	rogistere	a office of re	gistere	d agent, or both, in the State of Florida	a. ram tam	illiar with,	and accept	
SIGNATURE _	Signature, typed or		ayent and title if app	linghla (NOTE								
	organizato, typed or p	Sinite of harmonic registered	agent and title if app	icadie. (NOTE	: Hegistered	Agent signature	required w	rhen reinstating)	DATE			- {
After	May 1, 2003	FEE IS \$150.00 Fee will be \$550 torida Departme	0.00	r san de eer.	-			9. Election Campaign Financ Trust Fund Contribution.	ing.	_\$ 5. 0	00 May Be	7
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS								ADDITIONS OF THE PROPERTY OF T				
TITLE	D		AIND DINECTO	D DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICE				ج ⊢
STREET ADDRESS 1	EET ADDRESS 13101 TELECOM DRIVE			NAM STRE		T ADDRESS ST-ZIP			. L] Change	Addition	70/07/ /40/07
TITLE		·		☐ Delete	TITLE	31-211				Change	☐ Addition	- i
NAME STREET ADDRESS CITY-ST-ZIP					NAME STREE CITY-:	T ADDRESS			_	, onange		0
TITLE NAME STREET ADDRESS		· · · ·		□ Delete	TITLE NAME STREE	I ADDRESS	,			Change	Addition	1
CITY-ST-ZIP					CITY-S	ST-ZIP					·	
NAME				☐ Delete	NAME					Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					STREET CITY-S	TADDRESS ST-ZIP		•	٠			
TITLE	····			Delete	TITLE					Change	Addition	-
NAME Street address City-St-Zip					NAME STREET	ADDRESS			Ų	Change	☐ Addition	
TITLE			······································	☐ Delete	CITY-S	T-ZIP				Change	☐ Addition	1
NAME STREET ADDRESS					NAME STREET	ADDRESS			ليا	Strange		
CITY-ST-ŹIP	· · · · · ·				CITY-S	ADDRESS T-ZIP		ينين جراز بالمراجد التي ويسماه	 <		سياد يسود	
12. hereby cer	rtify that the inf	ormation supplied	with this filing o	loes not qualify for t	ne exem	ntion stated i	in Section	on 119 07(3)(i) Florida Statutos Liturit				1

a. Thereby certuly 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 report or supplemental 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 10 or Block 11 if changed, or on an areachment with an address, with all other like empowered.

SIGNATURE:

CHESTURE RECLINED

WHATUBE AND TYPED OF PRINTED NAME OF SIGNING OFFICED OF DIRECTOR

Da

Daytime Phone #