

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000041084**

1. Entity Name  
**ONLINE MEDS RX, INC.**



Principal Place of Business  
**12399 BELCHER ROAD SOUTH, SUITE 140  
LARGO, FL 33773**

Mailing Address  
**12399 BELCHER ROAD SOUTH, SUITE 140  
LARGO, FL 33773**

**DO NOT WRITE IN THIS SPACE**



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3577441**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**TANEJA, JUGAL K  
6950 BRYAN DAIRY ROAD  
LARGO, FL 33777**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	TANEJA, JUGAL K
STREET ADDRESS	6950 BYAN DAIRY ROAD
CITY-ST-ZIP	LARGO, FL 33777
TITLE	PD
NAME	TANEJA, MANDEEP K CEO
STREET ADDRESS	12399 BELCHER ROAD SOUTH, SUITE 140
CITY-ST-ZIP	LARGO, FL 33773
TITLE	ST
NAME	SHUMAN, CANI CFO
STREET ADDRESS	12399 BELCHER ROAD SOUTH, SUITE 140
CITY-ST-ZIP	LARGO, FL 33773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000715232  
04/27/07-80056-002 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attachment with an address, with all other like empowered.

**SIGNATURE:** **CANI I. SHUMAN, CFO** 04/16/2007 727-683-0670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #