2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME

SIGNATURE:

May 05, 2005 8:00 am Secretary of State DOCUMENT # P99000072597 05-05-2005 90081 035 ***150.00 1. Entity Name RX ADVANTAGE, INC. Principal Place of Business Mailing Address 2256-B WEST NINE MILE RD. 2256-B WEST NINE MILE RD. PENSACOLA, FL 32534 PENSACOLA, FL 32534 2. Principal Place of Business 3. Mailing Address Suite, Api. #, etc. Suite, Apt. #, etc. 02122005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 59-3601437 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACKSON, STEVEN L Street Address (P.O. Box Number is Not Acceptable) 2256-B WEST NINE MILE RD. PENSACOLA, FL 32534 City Zip Code 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 8. The above named enti the obligations of reg SIGNATURE fed name of registered agent and title if applicable (NOTE: Bagistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE JACKSON, STEVEN L NAME NAME STREET ADDRESS 3506 BAYSWATER DR. STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIF PENSACOLA, FL 32514 Change Addition Delete TITLE TITLE STEVE B. MARUSCHAK NAME NAME 3515 ARIZONA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZP ☐ Change Addition TITLE Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/2 ___ Change Addition Celete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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

FILED