

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000036574

Entity Name: HEALTHDRX, LLC

Current Principal Place of Business:

7608 WHISPERING WIND DRIVE
LAND O LAKES, FL 34637

Current Mailing Address:

7608 WHISPERING WIND DRIVE
LAND O LAKES, FL 34637 US

FEI Number: 27-0930965

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VIRADIYA, NIMA
7608 WHISPERING WIND DRIVE
LAND O LAKES
FL, FL 34637 US

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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	VIRADIYA, NIMA	Name	VIRADIYA, NARESH
Address	7608 WHISPERING WIND DRIVE	Address	7608 WHISPERING WIND DRIVE
City-State-Zip:	LAND O LAKES FL 34637	City-State-Zip:	LAND O LAKES FL 34637

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NARESH VIRADIYA

MGRM

01/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date