

1.) CORPORATION NAME:

Specialty Rx, Inc.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.
4701 COX ROAD
SUITE 301**

SCC ID NO: **06778682**

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2924 TELESTAR COURT

CITY/ST/ZIP: CHURCH FALLS, VA 22042

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DONALD HOWARD	
TITLE:	C E O	
ADDRESS:	6923 LEE VISTA BLVD STE 300	
CITY/ST/ZIP/CO:	ORLANDO, FL 32822	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JEFFREY FISHER	
TITLE:	C O O	
ADDRESS:	6923 LEE VISTA BLVD STE 300	
CITY/ST/ZIP/CO:	ORLANDO, FL 32822	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEPHEN JENSEN	
TITLE:	C F O	
ADDRESS:	6923 LEE VISTA BLVD STE 300	
CITY/ST/ZIP/CO:	ORLANDO, FL 32822	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MATTHEW ANGELL	
TITLE:	DIRECTOR	
ADDRESS:	6610 W SAM HOUSTON PKWY N STE 330	
CITY/ST/ZIP/CO:	HOUSTON , TX 77041	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KENTON ROSENBERRY	
TITLE:	DIRECTOR	
ADDRESS:	601 LEXINGTON AVE 55TH FLOOR	
CITY/ST/ZIP/CO:	NEW YORK, NY 10022	

NAME: CHRISTOPHER GARCIA TITLE: DIRECTOR ADDRESS: 601 LEXINGTON AVENUE 55TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SAMARTH CHANDRA TITLE: DIRECTOR ADDRESS: 601 LEXINGTON AVENUE 55TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL FISHER TITLE: DIRECTOR ADDRESS: 601 LEXINGTON AVENUE 55TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ DONALD HOWARD	DONALD HOWARD, C E O	6/25/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		