

1.) CORPORATION NAME: On-Site Rx, Inc.	DUE DATE: 5/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F1896135				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100,000
CLASS	AUTHORIZED				
COMMON	100,000				
4.) STATE OR COUNTRY OF INCORPORATION: GA					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 210 WASHINGTON STREET
STE. 101

CITY/ST/ZIP: GAINESVILLE, GA 30501

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 checked="" type="checkbox"/> DIRECTOR
NAME: DAN DOEBLER		
TITLE: DIRECTOR		
ADDRESS: 210 WASHINGTON STREET		
CITY/ST/ZIP/CO: SUITE 101 GAINESVILLE, GA 30501		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM YALE MOORE		
TITLE: DIRECTOR		
ADDRESS: 210 WASHINGTON STREET		
CITY/ST/ZIP/CO: SUITE 101 GAINESVILLE, GA 30501		

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/ WILLIAM YALE MOORE	WILLIAM YALE MOORE, DIRECTOR	7/1/2014
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.