

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

* In accordance with R.I.G.L. 7-1,2-1 subject to a penalty fee of \$25.00.	!501(e), each corporation fa	iling or refusing to file its annu	al report within thirty (30) day.	s after the time prescribed by la	w (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 362 2	2. Name of Corporation	dRx, Inc.			
3. Street Address Principal Business C 2441 Warrenvi		•	City Lisle	State I L	Zip 60532-3642
4. Business Phone No. 630 - 577- 3/ 0	00	5. State of Incorporation DE		·	
6. Brief Description of the Character of Pharmacy Both T. NAMES AND ADDRESSES	enefit Mana	bode Island 1900 PON ("X" BOX FOR ATTAC	·	PACES BEFORE USING	ATTACHMENTS
President Name Mark Thierer			Vice President Name (Sonior VP) Toffrey Park		
Street Address 244/ Warrenui	le Road, Suis	te 610 Zup GOS33-3642	Street Address 9 2441 Warren	ville Rood, S	uite 610
Lisle	State IL	60533-3642	Lisle	State ZZ	605-32-3642
Secretary Name Jeffrey Brk Street Address			Toffrey Park Sireet Address		
244/ Warrenvill	Le Road, Suit	e 610		renville Road,	Suite 610
Lisle 8. NAMES AND ADDRESSES	of the directors	60532-3642 S: ("X" BOX FOR ATT	Lisle	ゴム SPACES BEFORE USIN	Zφ 60532-364 2 G ATTACHMENTS
Director Name Mark Thi	erer		Director Name		30 2 S. ⊆=
Street Address 2441 Warrenv	ille Road, S	Suite 610	Street Address		RAN CARE
City Lisle	State IZ	210 60532-3642	City	State	
Jeffrey Park			Director Name		PM SWE
	ille Road, S	uite 610 200 60532-3642	Street Address	la	TATE
City Lisle	State	60532-3642	City	State	
9. SHARES AUTHORIZED				("X" BOX FOR ATTAC TION MUST BE COMPLETED	• •
This information is currently State. Changes require an ac			Number of Shares	Class/Series	Par Value
instruction sheet.	e see attac	chment)			
This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee this report must be executed on behalf of the corporation by the receiver or trustee.					ls of a receiver or trustee,
	M				that I have examined this reporatements, and that all statement

m	Under penalty of perjury, I declare and affirm that I have examined this including any accompanying schedules and statements, and that all states	report,
File Date	contained herein are true and correct.	Lements
Check No. By 088490_1:50	On: OI KY 62 Signatural Park Print or Type Name	
FOR SECRETARY OF STATE USE ONLY	AND Sometary, Transcrer, SUR	, t
	Forti 630 Rev. 08	708

136212



April 13, 2009

State of Rhode Island and Providence Plantations Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

RE:

Notice of Current Share Amounts

informedRx, Inc. (Corp. ID 000136212)

To Whom It May Concern:

Please accept this letter as notice of current share amounts for informedRx, Inc. (Corporate ID no. 000136212):

- 1) Common Stock
 - a) Authorized Shares = 1,000,000
 - b) Outstanding Shares = 31,205
 - c) Par Value = \$.01
- 2) Preferred Stock
 - a) Authorized Shares = 1,000
 - b) Outstanding Shares = 100
 - c) Par Value = \$.10

Thank you.

Regards,

Jeffrey Park CFO SECRIPATE STATE