

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005986

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: TRIMEDX, LLC

**Current Principal Place of Business:**

6325 DIGITAL WAY, SUITE 400  
INDIANAPOLIS, IN 46278

**New Principal Place of Business:**

**Current Mailing Address:**

6325 DIGITAL WAY, SUITE 400  
INDIANAPOLIS, IN 46278

**New Mailing Address:**

FEI Number: 35-2081152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MTRM ( ) Delete  
Name: ASCENSION HEALTH,  
Address: 4600 EDMUNDSON ROAD  
City-St-Zip: ST. LOUIS, MO 63134

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ASCENSION HEALTH,  
Address: 4600 EDMUNDSON ROAD  
City-St-Zip: ST. LOUIS, MO 63134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHARLES JAMES

CFO

04/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date