

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000129589

Entity Name: TMI MEDX CORPORATION

FILED  
Aug 31, 2004  
Secretary of State

**Current Principal Place of Business:**

23322 LA VIDA WAY  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

23322 LA VIDA WAY  
BOCA RATON, FL 33433 US

**New Mailing Address:**

FEI Number: 82-0575905

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAMA, ANTHONY L MR.  
11124 LANDS END CHASE  
PORT ST. LUCIE, FL 34982 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: SAMA, ANTHONY L MR.  
Address: 11124 LANDS END CHASE  
City-St-Zip: PORT ST LUCIE, FL 34982

Title: P ( ) Delete  
Name: LEVINE, LARRY M  
Address: 23322 LAUIDA WAY  
City-St-Zip: BOCA RATON, FL 33433

Title: V ( ) Delete  
Name: GENTLE, ROCKY D  
Address: PO BOX 150760  
City-St-Zip: ALTAMONTE SPRINGS, FL 32715

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY M LEVINE

P

08/31/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date