

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000037085

**Entity Name:** CLINIPIX, INC.

**Current Principal Place of Business:**

11924 W. FOREST HILL BLVD.  
SUITE 22, PMB #228  
WELLINGTON, FL 33414

**Current Mailing Address:**

11924 W. FOREST HILL BLVD.  
SUITE 22, PMB #228  
WELLINGTON, FL 33414

**FEI Number:** 65-1011174

**Certificate of Status Desired:** No

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

FRIEDMAN, FREDRIC D  
1716 STAIMFORD CT  
WELLINGTON, FL 33414 US

*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

**Officer/Director Detail :**

Title            PTD  
Name            FRIEDMAN, FREDRIC D  
Address        1716 STAIMFORD CT  
City-State-Zip: WELLINGTON FL 33414

Title            VSD  
Name            FRIEDMAN, MARCIA S  
Address        1716 STAIMFORD CT  
City-State-Zip: WELLINGTON FL 33414

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARCIA FRIEDMAN

**V.P.**

**04/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date