

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000058880

**Entity Name:** MEDYTOX INFORMATION TECHNOLOGY, INC.

**Current Principal Place of Business:**

400 SOUTH AUSTRALIAN AVENUE  
SUITE 800  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

400 SOUTH AUSTRALIAN AVENUE  
SUITE 800  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 45-2599398

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           | DIRECTOR AND CEO                         | Title           | DIRECTOR AND SECRETARY                   |
| Name            | LAGAN, SEAMUS                            | Name            | DOHERTY, JUSTIN                          |
| Address         | 400 SOUTH AUSTRALIAN AVENUE<br>SUITE 800 | Address         | 400 SOUTH AUSTRALIAN AVENUE<br>SUITE 800 |
| City-State-Zip: | WEST PALM BEACH FL 33401                 | City-State-Zip: | WEST PALM BEACH FL 33401                 |

*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:** SEAMUS LAGAN

CEO

04/30/2015

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

\_\_\_\_\_  
Date