

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000005986

**Entity Name:** TRIMEDX, LLC

**Current Principal Place of Business:**

5451 LAKEVEIW PARKWAY SOUTH DRIVE  
INDIANAPOLIS, IN 46268

**Current Mailing Address:**

5451 LAKEVEIW PARKWAY SOUTH DRIVE  
INDIANAPOLIS, IN 46268 US

**FEI Number:** 35-2081152

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**Authorized Person(s) Detail :**

Title MEMBER  
Name MEDXCEL, LLC  
Address 5451 LAKEVEIW PARKWAY SOUTH  
DRIVE  
City-State-Zip: INDIANAPOLIS IN 46268

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY MCGEATH

**SECRETARY**

**04/05/2016**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date