

2015 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 MGRM
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: GREG A. RANGER

PRESIDENT

04/16/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date