

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005986

Entity Name: TRIMEDX, LLC

Current Principal Place of Business:

6325 DIGITAL WAY, SUITE 400
INDIANAPOLIS, IN 46278

Current Mailing Address:

6325 DIGITAL WAY, SUITE 400
INDIANAPOLIS, IN 46278

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 6325 DIGITAL WAY, SUITE 400
City-State-Zip: INDIANAPOLIS IN 46278

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES FANELLI

CFO

04/02/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date