

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000000701

1. Entity Name
MDX INTERNATIONAL, INC.



Principal Place of Business
13181 CROSSROADS PKWY N
#380
CITY OF INDUSTRY, CA 91746

Mailing Address
1182 N. RONALD REAGAN BLVD
LONGWOOD, FL 32750

DO NOT WRITE IN THIS SPACE



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number
95-4622174

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCY, THOMAS L
1182 N RONALD REAGAN BLVD
LONGWOOD, FL 32750

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARCY, THOMAS L
STREET ADDRESS 1182 N RONALD REAGAN BLVD
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE VD
NAME PHELAN, MARILYN M
STREET ADDRESS 1182 N RONALD REAGAN BLVD
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE S
NAME PHELAN, KELLY
STREET ADDRESS 1182 N RONALD REAGAN BLVD
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000688191
04/10/07-80070-007, 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-07

Date

Daytime Phone #