


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 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
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DO NOT WRITE IN THIS SPACE



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 95-4622174	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARCY, THOMAS L 1182 N RONALD REAGAN BLVD LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHELAN, MARILYN M 1182 N RONALD REAGAN BLVD LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHELAN, KELLY 1182 N RONALD REAGAN BLVD LONGWOOD, FL 32750
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04/15/08-80021-018-150.00

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: Marcyn Phelan Marilyn Phelan 4-07-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #