

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90125 037 ***550.00

DOCUMENT # F01000000701

1. Entity Name
MDX INTERNATIONAL, INC.



Principal Place of Business
**959 E. WALNUT ST., STE 290
PASADENA CA 91106**

Mailing Address
**959 E. WALNUT ST., STE 290
PASADENA CA 91106**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **95-4622174**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MARCY, THOMAS L
329 MISTY OAKS RUN
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Thomas L. Marcy*
Signature, typed or printed name of registered agent and title if applicable

THOMAS L. MARCY

(NOTE: Registered Agent signature required when reinstating)

05-23-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MARCY, THOMAS L**
STREET ADDRESS **1010 WINDERLEY PLACE, #116**
CITY-ST-ZIP **MAITLAND FL**

TITLE **VD** ☐ Delete
NAME **PHELAN, MARILYN M**
STREET ADDRESS **1659 ALTA OAKS AVE.**
CITY-ST-ZIP **ARCADIA CA**

TITLE **S** ☐ Delete
NAME **PHELAN, KELLY**
STREET ADDRESS **1659 ALTA OAKS AVE.**
CITY-ST-ZIP **ARCADIA CA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition
NAME **MARCY, THOMAS L.**
STREET ADDRESS **329 MISTY OAKS RUN**
CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

THOMAS L. MARCY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS L. MARCY 05-23-03

Date

Daytime Phone #

(407)

659-9131

CR2E034 (10/02)