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May 08, 2006 8:00 am
Secretary of State
05-08-2006 90308 046 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000002554

1. Entity Name
MEDICAL MULTIPLEX, INC.

Principal Place of Business	Mailing Address
4165 WESTPORT ROAD, SUITE 204 LOUISVILLE, KY 40207	4165 WESTPORT ROAD, SUITE 204 LOUISVILLE, KY 40207

50019529

01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1269242
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MUELLER, MICHAEL J
STREET ADDRESS	4165 WESTPORT ROAD, SUITE 204
CITY-ST-ZIP	LOUISVILLE, KY 40207
TITLE	VCFO
NAME	RONALD, PETER W
STREET ADDRESS	4165 WESTPORT ROAD, SUITE 204
CITY-ST-ZIP	LOUISVILLE, KY 40207
TITLE	Vice Pres.
NAME	John Steven Wood
STREET ADDRESS	116 E French Place
CITY-ST-ZIP	San Antonio, TX 78212
TITLE	Vice Pres.
NAME	Roberto Penne Casanova
STREET ADDRESS	6303 Walnut Ridge Trail
CITY-ST-ZIP	Prospect, KY 40059
TITLE	Vice Pres.
NAME	Steven Shapiro
STREET ADDRESS	6411 Limeridge Place
CITY-ST-ZIP	Louisville, KY 40222
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Peter W Ronald CFO 4-27-06 502-721-7174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #