

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90069 013 \*\*\*150.00

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03282007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # F06000001145</b>			
1. Entity Name <b>MEDX HEALTH, INC.</b>			
Principal Place of Business <b>3111 COVENTRY EAST SAFETY HARBOR, FL 34695</b>		Mailing Address <del>3111 COVENTRY EAST</del> <del>SAFETY HARBOR, FL 34695</del>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>3-3350 RIDGEWAY DR.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>MISSISSAUGA, ONTARIO</b>	
Zip	Country	Zip	Country
		<b>L5L 5Z9</b>	<b>CANADA</b>
4. FEI Number <b>58-2608794</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTC PASSY, PHILIP W 3350 RIDGEWAY DR - UNIT 13 MISSISSAUGA, ONTARIO L5L5Z9</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>L5L5Z9</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP RICKS, RICK 351 COMMERCIAL ST WEYMOUTH, MA 02188</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>→ RICKS, RICK</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PO OLE, WILLIAM M 945 E PACES FERRY RD - STE 2700 ATLANTA, GA 30326</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHIEF FINANCIAL OFFICER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JOHN W. (BIX) FORD 3-3350 RIDGEWAY DR. MISSISSAUGA, ONTARIO, CANADA L5L5Z9</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>John W. (Bix) Ford</b>		Date: <b>3/28/07</b> Daytime Phone #: <b>905-826-0766</b>	