

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001145

Entity Name: MEDX HEALTH, INC.

FILED  
May 06, 2008  
Secretary of State

## Current Principal Place of Business:

3111 COVENTRY EAST  
SAFETY HARBOR, FL 34695

## New Principal Place of Business:

## Current Mailing Address:

3-3350 RIDGEWAY DR  
MISSISSAUGA, ONTARIO, CA L5L 5Z9

## New Mailing Address:

3-3350 RIDGEWAY DR  
MISSISSAUGA, ONTARIO, CA L5L 5Z9

FEI Number: 58-2608794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PASSY, PHILIP W  
Address: 3350 RIDGEWAY DR - UNIT 13  
City-St-Zip: MISSISSAUGO, ONTARIO, CA L5L5Z9 XX

Title: VP (X) Delete  
Name: RIOLES, RICK  
Address: 351 COMMERCIAL ST  
City-St-Zip: WEYMOUTH, MA 02188

Title: S PO ( ) Delete  
Name: OLE, WILLIAM M  
Address: 945 E PACES FERRY RD - STE 2700  
City-St-Zip: ATLANTA, GA 30326

Title: CFO (X) Delete  
Name: FORD, JOHN W  
Address: 3-3350 RIDGEWAY DR  
City-St-Zip: MISSISSAUGO, ONTARIO, CA L5L5Z9

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PASSY, PHILIP  
Address: 3350 RIDGEWAY DR - UNIT 13  
City-St-Zip: MISSISSAUGO, ONTARIO, CA L5L5Z9 XX

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: POOLE, WILLIAM  
Address: 945 E PACES FERRY RD - STE 2700  
City-St-Zip: ATLANTA, GA 30326

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM POOLE

S

05/06/2008

Electronic Signature of Signing Officer or Director

Date