

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003853

Entity Name: MEDX SOFTWARE, INC.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

3468 CANAL COURT
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

3468 CANAL COURT
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 20-1331029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOUKO, PATRICIA A
3468 CANAL COURT
TEQUESTA, FL 33469 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: THOMPSON, SHAUN
Address: 5582 RAMBLER ROSE WAY
City-St-Zip: WEST PALM BEACH, FL 33415

Title: V () Delete
Name: WOLVERTON, DOUG
Address: 2250 SW 67TH WAY
City-St-Zip: MIRAMAR, FL 33023

Title: S () Delete
Name: MAXWELL, JAMES
Address: 1718 19TH AVE NORTH
City-St-Zip: LAKW WORTH, FL 33460

Title: T () Delete
Name: LOUKO, PATRICIA
Address: 3468 CANAL COURT
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JAMES MAXWELL

SEC

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date