## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F06000003853

**FILED** Dec 15, 2007 Secretary of State

Entity Name: MEDX SOFTWARE, INC. **Current Principal Place of Business: New Principal Place of Business:** 3468 CANAL COURT TEQUESTA, FL 33469 **Current Mailing Address: New Mailing Address:** 3468 CANAL COURT TEQUESTA, FL 33469 FEI Number: 20-1331029 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOUKO, PATRICIA A 3468 CÁNAL COURT TEQUESTA, FL 33469 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition THOMPSON, SHAUN WOLVERTON, DOUG Name: Name: 2250 SW 67TH WAY 5582 RAMBLER ROSE WAY Address: Address: City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: MIRAMAR, FL 33023 Title: Title: () Delete (X) Change ( ) Addition THOMPSON, SHAUN Name: WOLVERTON, DOUG Name: 2250 SW 67TH WAY 5582 RAMBLER ROSE WAY Address: Address: MIRAMAR, FL 33023 WEST PALM BEACH, FL 33415 City-St-Zip: City-St-Zip:

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

Title: ( ) Delete LOUKO, PATRÍCIA Name: Address: 3468 CANAL COURT City-St-Zip: TEQUESTA, FL 33469 Title: () Change () Addition

1718 19TH AVENUE NORTH

LAKE WORTH, FL 33460

MAXWELL, JAMES

(X) Change ( ) Addition

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.

Title:

Name:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: PATRICIA A. LOUKO Τ 12/15/2007