

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070908

Entity Name: MEDDX, LLC

FILED  
Feb 12, 2009  
Secretary of State

**Current Principal Place of Business:**

305 E PINEWOOD CT  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

305 E PINEWOOD CT  
LAKE MARY, FL 32746 US

**New Mailing Address:**

FEI Number: 26-3046028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TIDWELL, NICHOLAS  
305 E PINEWOOD CT  
LAKE MARY, FL 32746 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TIDWELL, NICHOLAS  
Address: 305 E PINEWOOD CT  
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM ( ) Delete  
Name: LUNDSTROM, CARL M  
Address: 756 W PINEWOOD CT  
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM (X) Delete  
Name: FYOCK, DIANE S  
Address: 250 S HART RD  
City-St-Zip: GENEVA, FL 32732 US

**ADDITIONS/CHANGES:**

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NICHOLAS TIDWELL

PRES

02/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date