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Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M38538** **(8)**

1. Corporation Name
MEDX, INC.

Principal Place of Business	Mailing Address
7650 NW 69TH AVE ATTN: LEGAL DEPT. MEDLEY FL 33166 US	757 N ELDRIGE TAX DDEPT HOUSTON TX 77079-4435 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 09/17/1986
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2751417 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	FIELDS, MICHAEL		1.2 NAME	Hugh J. Dillingham, III	
STREET ADDRESS	757 N ELDRIGE		1.3 STREET ADDRESS	757 N. Eldridge	
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-ST-ZIP	Houston, TX 77079	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OLSON, WILLIAM H		2.2 NAME		
STREET ADDRESS	757 N ELDRIGE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77079		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, THOMAS L		3.2 NAME		
STREET ADDRESS	8607 ROBERTS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHULER, EILEEN B		4.2 NAME		
STREET ADDRESS	757 N ELDRIGE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		4.4 CITY-ST-ZIP		
TITLE	VDS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BURGER, GERALD K		5.2 NAME		
STREET ADDRESS	757 N ELDRIGE		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		5.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LONG, RONALD E		6.2 NAME		
STREET ADDRESS	757 ELDRIGE		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77079		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ WILLIAM H. OLSON APR 15 1997 281-870-8100