2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# P03000006226

Entity Name: INTERMEDX, INC.

Current Principal Place of Business:

3348 17TH STREET
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

3348 17TH STREET
SARASOTA, FL 34235

New Mailing Address:

3348 17TH STREET
SARASOTA, FL 34235

FEI Number: 02-0670605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MANDELL, TODD
3348 17TH STREET
SARASOTA, FL 34235 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: PRES ( ) Delete
Name: MANDELL, BRAD S
Address: 3348 17TH STREET
City-St-Zip: SARASOTA, FL 34235

Title: VP ( ) Delete
Name: MANDELL, TODD W
Address: 3348 17TH STREET
City-St-Zip: SARASOTA, FL 34235

Title: CHR ( ) Delete
Name: MANDELL, SAUL
Address: 3348 17TH STREET
City-St-Zip: SARASOTA, FL 34235

Title: TRES ( ) Delete
Name: MANDELL, EVELYN
Address: 3348 17TH STREET
City-St-Zip: SARASOTA, FL 34235

Title: SEC ( ) Delete
Name: HOWARD, WENDY
Address: 3348 17TH STREET
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MANDELL, BRAD S PRES
Address: 3348 17TH STREET
City-St-Zip: SARASOTA, FL 34235

Title: VP (X) Change ( ) Addition
Name: MANDELL, TODD W VP
Address: 3348 17TH STREET
City-St-Zip: SARASOTA, FL 34235

Title: CHR (X) Change ( ) Addition
Name: MANDELL, SAUL CHR
Address: 3348 17TH STREET
City-St-Zip: SARASOTA, FL 34235

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: TODD MANDELL VP 01/26/2009

Electronic Signature of Signing Officer or Director — Date