


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000159760</b> 1. Entity Name MEDXLNCE, INC.	
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Principal Place of Business  
400 QUAIL MEADOW COURT  
DEBARY, FL 32713

Mailing Address  
400 QUAIL MEADOW COURT  
DEBARY, FL 32713



**DO NOT WRITE IN THIS SPACE**

01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1878513	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

ZELLE, JOHN R  
400 QUAIL MEADOW COURT  
DEBARY, FL 32713

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registering agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	ZELLE, JOHN R
STREET ADDRESS	400 QUAIL MEADOW COURT
CITY-ST-ZIP	DEBARY, FL 32713

TITLE	DV
NAME	COOK, THOMAS P
STREET ADDRESS	48177 STONEWALL DR
CITY-ST-ZIP	HILLIARD, FL 32046

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/07-00045-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John R Zelle* **JOHN R ZELLE** 1/16/2007 904-563-5186

Date

Daytime Phone #