

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000114493

Entity Name: MEDCONEX INC.

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5443 SW 91ST TERRACE  
GAINESVILLE, FL 32608 US

**New Principal Place of Business:**

**Current Mailing Address:**

5443 SW 91ST TERRACE  
GAINESVILLE, FL 32608 US

**New Mailing Address:**

FEI Number: 04-5760318

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILANI, HAYES  
5443 SW 91ST TERRACE  
GAINESVILLE, FL 32608 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MILANI, HAYES  
Address: 5443 SW 91ST TERRACE  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: DIR  
Name: MILANI, HAYES  
Address: 5443 SW 91ST TERRACE  
City-St-Zip: GAINESVILLE, FL 32608 US

I hereby 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 all other like empowered.

SIGNATURE: HAYES MILANI

DIR

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date