

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000146712

1. Entity Name
MED-PHENIX INC.



FILED

2007 MAY -4 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2020 SEVEN SPRINGS BLVD. 2020 SEVEN SPRINGS BLVD.
SUITE B SUITE B
NEW PORT RICHEY, FL 34655 US NEW PORT RICHEY, FL 34655 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-3720153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, WHITNEY M
2020 SEVEN SPRINGS BLVD.
SUITE B
NEW PORT RICHEY, FL 34655

7. Name and Address of New Registered Agent

Name CARLOS GANUZA M.D.

Street Address (P.O. Box Number is Not Acceptable)
2020 Seven Springs Blvd.

Ste. B

City New Port Richey

FL

Zip Code 34655

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 registered agent, whichever is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/07

Amended AR is \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME GANUZA, CARLOS
STREET ADDRESS 2020 SEVEN SPRINGS BLVD. SUITE B
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300103133173
05/24/07--01013--020 **70.00

TITLE ☐ Change ☒ Addition
NAME DVT
STREET ADDRESS margie ganuza
CITY-ST-ZIP 2655 Shipston Ave
new port richey, FL 34655

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Carlos Ganuza M

5/14/07