

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000038737

FILED
Mar 29, 2007
Secretary of State

Entity Name: THERAMEDIX, INC.

Current Principal Place of Business:

3301 S.W. 14TH PLACE
SUITE 3
BOYNTON BEACH, FL 33426

New Principal Place of Business:

1120 HOLLAND DRIVE
SUITE #11
BOCA RATON, FL 33487

Current Mailing Address:

3301 S.W. 14TH PLACE
SUITE 3
BOYNTON BEACH, FL 33426

New Mailing Address:

1120 HOLLAND DRIVE
SUITE #11
BOCA RATON, FL 33487

FEI Number: 20-4822548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DITTMAN, ROBERT A
151 N.W. FIRST AVENUE
DELRAY BEACH, FL US

Name and Address of New Registered Agent:

COCHRANE, THOMAS E JR
2801 EXCHANGE COURT
WEST PALM BEACH, FL 33409 US

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: THOMAS E COCHRANE JR

03/29/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: DESTEFANO, LOU
Address: 3301 S.W. 14TH PLACE, SUITE 3
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VP () Delete
Name: BOHAGER, THOMAS G
Address: 752 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: S () Delete
Name: RISK, DAWN
Address: 752 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: T () Delete
Name: BARON, DAN
Address: 752 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: DESTEFANO, LOUIS
Address: 1120 HOLLAND DRIVE SUITE #11
City-St-Zip: BOCA RATON, FL 33487

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: RISK, DAWN
Address: 1120 HOLLAND DRIVE SUITE#11
City-St-Zip: BOCA RATON, FL 33487

Title: T (X) Change () Addition
Name: BARON, DAN
Address: 1120 HOLLAND DRIVE SUITE #11
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the 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: LOUIS DESTEFANO

PRES

03/29/2007

Electronic Signature of Signing Officer or Director

Date