

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000038737

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: THERAMEDIX, INC.

**Current Principal Place of Business:**

1120 HOLLAND DRIVE  
SUITE #11  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

1120 HOLLAND DRIVE  
SUITE #11  
BOCA RATON, FL 33487

**New Mailing Address:**

FEI Number: 20-4822548      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

COCHRANE, THOMAS E JR  
2801 EXCHANGE COURT  
WEST PALM BEACH, FL 33409      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: P/D ( ) Delete  
Name: DESTEFANO, LOUIS  
Address: 1120 HOLLAND DRIVE SUITE #11  
City-St-Zip: BOCA RATON, FL 33487

Title: S ( ) Delete  
Name: RISKO, DAWN  
Address: 1120 HOLLAND DRIVE SUITE#11  
City-St-Zip: BOCA RATON, FL 33487

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: LOUIS DESTEFANO

P/D

01/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date