## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_

## Apr 24, 2007 8:00 am Secretary of State DOCUMENT # P06000047152 04-03-2007 90014 008 \*\*\*150.00 1. Entity Name MEDRX DIAGNOSTICS INC. Principal Place of Business Mailing Address 725 NO. A1A SUITE E-103 725 NO. A1A SUITE E-103 JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-5163449 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KLAPP, EDWARD JR. 725 NO. A1A Street Address (P.O. Box Number is Not Acceptable) SUITE E-103 JUPITER FL 33477 Zip Code 8. The above named entity submits this statement for the purpose of changing its registored office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Squarure, typed or printed name of registered legarit and lide it explicable. (NOTE: Registered Agent significar required when reliesating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 nnc ☐ Delete MRÉ Change Addition KLAPP, EDWARD IV NALZE NAMI 725 NO. A1A, SUITÉ E-103 SIRFEI ADDRESS SIREET ADDRESS JUPITER FL 33477 CHY-ST-ZIP CHY-SI-71P BHE ☐ Defete HILE ☐ Change ☐ Addillion KLAPP, EDWARD JR. NAME NAME SIREET ADDRESS 725 NO. A1A, SUITE E-103 STREET ADDRESS JUPITER FL 33477 CHY-SI-ZIP CITY ST 71P nru ☐ Delete 11141 ☐ Change ■ Addition KLAPP, MARGUERITE NAME 725 NO. A1A, SUITE E-103 STREET ADDRESS STREET ADDRESS CITY-SI-ZIP JUPITER FL 33477 CITY - ST - 71P DOL. ☐ Delete MILL ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - SI - ZIP CITY-ST-71P THE ☐ Deleie THEF ☐ Change ☐ Addition NAMI SHIFT ADDRESS STREET ADDRESS COY SI-7P CITY-SI-ZIP TITLE ☐ Delete 18181 ☐ Change ■ Addition NAMI STREET ADDRESS STREET ADDRESS CHY ST-7IP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an efficier 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.

ETWARD SLAPT UK 9.26-07 561-746-6868