

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000086203

Entity Name: MEDX SOLUTIONS, INC.

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

405 S. DALE MABRY  
374  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

405 S. DALE MABRY  
374  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 27-1137946

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEINER, NEVIN A ESQ,  
100 WALLACE AVENUE  
100  
SARASOTA, FL 34237 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: P  
Name: LAY, RON  
Address: 405 S. DALE MABRY, SUITE 374  
City-St-Zip: TAMPA, FL 33609 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: RON LAY

P

04/11/2012

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

\_\_\_\_\_  
Date