

2004 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # *P94000082949*

1. Entity Name  
*MEDTX CORPORATION*



04-22-2004 90040 033 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

**94060218**

2. Principal Place of Business  
*555 W. GRANADA BLVD*

3. Mailing Address  
*555 W. GRANADA BLVD.*

Suite, Apt. #, etc.  
*SUITE A-3*

Suite, Apt. #, etc.  
*SUITE A-3*

City & State  
*ORMOND BEACH, FL*

City & State  
*ORMOND BEACH, FL*

4. FEI Number  
*59-3280284*

Applied For  
Not Applicable

Zip  
*32174*

Country  
*USA*

Zip  
*32174*

Country  
*USA*

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
*PALMISTO CHARTER SERVICES, INC*  
Street Address (P.O. Box Number is Not Acceptable)  
*150 MAGNOLIA AVENUE*  
City  
*DAYTONA BEACH* **FL** Zip Code  
*32115*

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PP HAYES, RONALD E. 555 W. GRANADA BLVD, A-3 ORMOND BEACH, FL 32174</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SVP, D FERGUSON, DENNIS J. 555 W. GRANADA BLVD, A-3 ORMOND BEACH, FL 32174</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP FERGUSON, DEBORAH 555 W. GRANADA BLVD, A-3 ORMOND BEACH, FL 32174</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V, T, S, D LENNARTZ, JOSEPH V. 555 W. GRANADA BLVD, A-3 ORMOND BEACH, FL 32174</i>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*JOSEPH V. LENNARTZ,  
PRESIDENT*

*4/19/04* (386) 673-0123  
Date Daytime Phone #

CR2E034B (12/02)