

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000082949 1. Entity Name MEDTX CORPORATION	
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Principal Place of Business 555 W GRANADA BLVD #A-3 ORMOND BEACH, FL 32174 US	Mailing Address 555 W GRANADA BLVD #A-3 ORMOND BEACH, FL 32174 US
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03232005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3280284	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES INC 150 MAGNOLIA AVE DAYTONA BCH, FL 32115	DO NOT WRITE IN THIS SPACE
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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.

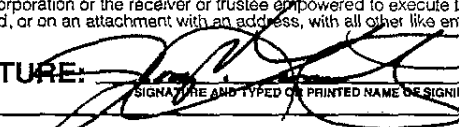
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAYES, RONALD E 555 W GRANADA BLVD, A3 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPD FERGUSON, DENNIS J 555 W GRANADA BLVD, A3 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FERGUSON, DEBORAH 555 W GRANADA BLVD, A3 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTSD LENNARTZ, JOSEPH V 555 W GRANADA BLVD, A3 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 3/25/05 Date	Daytime Phone # (386) 673-0123 Daytime Phone #
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