

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90054 031 \*\*\*150.00

**DOCUMENT # P94000082949**

1. Entity Name  
**MEDTX CORPORATION**



Principal Place of Business      Mailing Address

555 W GRANADA BLVD #A-3      555 W GRANADA BLVD #A-3  
 ORMOND BEACH, FL 32174 US      ORMOND BEACH, FL 32174 US

2. Principal Place of Business      3. Mailing Address

**1400 HAND AVENUE**      **1400 HAND AVENUE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**UNIT B**      **UNIT B**  
 City & State      City & State  
**ORMOND BEACH, FL**      **ORMOND BEACH, FL**  
 Zip      Country      Zip      Country  
**32174**      **USA**      **32174**      **USA**



02012006    Chg-P    CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**PALMETTO CHARTER SERVICES INC**  
**150 MAGNOLIA AVE**  
**DAYTONA BCH, FL 32115**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

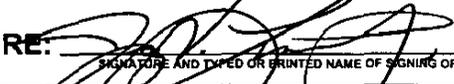
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYES, RONALD E 555 W GRANDADA BLVD, A3 ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD FERGUSON, DENNIS J 555 W GRANADA BLVD, A3 ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERGUSON, DEBORAH 555 W GRANANDA BLVD, A3 ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD LENNARTZ, JOSEPH V 555 W GRANADA BLVD, A3 ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1400 HAND AVENUE, UNIT B</b> <b>ORMOND BEACH, FL 32174</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1400 HAND AVENUE, UNIT B</b> <b>ORMOND BEACH, FL 32174</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1400 HAND AVENUE, UNIT B</b> <b>ORMOND BEACH, FL 32174</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **JOSEPH V. LENNARTZ**      2/2/06      (386) 673-0123  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #