
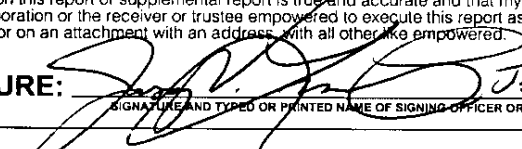


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90004 001 ***150.00

DOCUMENT # P94000082949					
1. Entity Name MEDTX CORPORATION					
Principal Place of Business 1400 HANS AVE UNIT B ORMOND BEACH, FL 32174 US			Mailing Address 1400 HANS AVE UNIT B ORMOND BEACH, FL 32174 US		
2. Principal Place of Business - No P.O. Box # 555 W. GRANADA BLVD.		3. Mailing Address 555 W. GRANADA BLVD.			
Suite, Apt. #, etc. SUITE A-7		Suite, Apt. #, etc. SUITE A-7			
City & State ORMOND BEACH, FL		City & State ORMOND BEACH, FL			
Zip 32174		Country VOLUNIA		4. FEI Number 59-3280284	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete HAYES, RONALD E 1400 HANS AVE, UNIT B ORMOND BEACH, FL 32174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD <input type="checkbox"/> Delete FERGUSON, DENNIS J 1400 HANS AVE., UNIT B ORMOND BEACH, FL 32174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete FERGUSON, DEBORAH 1400 HANS AVE., UNIT B ORMOND BEACH, FL 32174				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD <input type="checkbox"/> Delete LENNARTZ, JOSEPH V 1400 HANS AVENUE, UNIT B ORMOND BEACH, FL 32174				
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 555 W. GRANADA BLVD, SUITE A-7				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 555 W. GRANADA BLVD, SUITE A-7				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 555 W. GRANADA BLVD, SUITE A-7				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 555 W. GRANADA BLVD, SUITE A-7				
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 3/23/07 (386) 212-1686					