

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90260 020 ***150.00

DOCUMENT # P96000078257

1. Entity Name
MEDX 96, INC.



Principal Place of Business
**1401 NE 77TH ST
OCALA FL 34479**

Mailing Address
**1401 NE 77TH ST
OCALA FL 34479**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3405347**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TROW, CHESTER J
1 NE FIRST AVE STE 303
OCALA FL 34470**

Name **B&C Corporate Services Of Central Fla**
Street Address (P.O. Box Number is Not Acceptable)
390 North Orange Ave, Suite #1100
City **Orlando** **FL** Zip Code **32801**

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 **B&C Corporate Services of Central Florida, Inc.** **1/22/03**
Signature (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input checked="" type="checkbox"/> Delete
NAME	BARTH, CHARLES
STREET ADDRESS	1401 NE 77TH STREET
CITY-ST-ZIP	OCALA FL 34479
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	SENCIL, PHILIP
STREET ADDRESS	1401 NE 77 ST
CITY-ST-ZIP	OCALA FL 34479
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	FULTON, MICHAEL
STREET ADDRESS	1401 NE 77 ST
CITY-ST-ZIP	OCALA FL 34479
TITLE	D <input type="checkbox"/> Delete
NAME	GOH, LEK OON
STREET ADDRESS	1401 NE 77 ST
CITY-ST-ZIP	OCALA FL 34479
TITLE	D <input type="checkbox"/> Delete
NAME	LUM, DAVID
STREET ADDRESS	1401 NE 77 ST
CITY-ST-ZIP	OCALA FL 34479
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BRANTINGHAM, DANIEL
STREET ADDRESS	1401 NE 77 ST
CITY-ST-ZIP	OCALA FL 34479

TITLE	Dir, President, CEO & Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dettmers, Michael V
STREET ADDRESS	1404 NE 77th Street
CITY-ST-ZIP	Ocala, FL 34479
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Flanagan, James
STREET ADDRESS	1404 NE 77th Street
CITY-ST-ZIP	Ocala, FL 34479
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goh, Eck Meng
STREET ADDRESS	1401 NE 77th Street
CITY-ST-ZIP	Ocala, FL 34479
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED

1/22/03

352-622-2112

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)