

# 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  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3405347**  
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 *[Signature]* **B&C Corporate Services of Central Florida, Inc.** DATE **1/22/03**

Signature of registered agent or applicable (NOTE: Registered Agent signature required when reinstating)

**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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dir, President, CEO &amp; Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Dettmers, Michael V</b> <b>1404 NE 77th Street</b> <b>Ocala, FL 34479</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Flanagan, James</b> <b>1404 NE 77th Street</b> <b>Ocala, FL 34479</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Goh, Eck Meng</b> <b>1401 NE 77th Street</b> <b>Ocala, FL 34479</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
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 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** *[Signature]* **Dettmers, Michael V** DATE **1/22/03** DAYTIME PHONE # **352-622-2112**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)