

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03182

FILED
Jan 03, 2011
Secretary of State

Entity Name: MEDOX CORPORATION

Current Principal Place of Business:

4233 CLARK RD.
STE 20
SARASOTA, FL 34233 US

New Principal Place of Business:

Current Mailing Address:

4233 CLARK RD
STE 20
SARASOTA, FL 34233

New Mailing Address:

4233 CLARK RD.
STE 20
SARASOTA, FL 34233 US

FEI Number: 65-0301309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAEFFER, THEODORE LEE
4233 CLARK RD
STE 20
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SHAEFFER, THEODORE LEE
Address: 1574 PEREGRINE POINT DR
City-St-Zip: SARASOTA, FL

Title: VPAS
Name: SHAEFFER, KAREN L
Address: 4233 CLARK RD STE 20
City-St-Zip: SARASOTA, FL 34233

Title: CEOS
Name: SHAEFFER, MEGAN E
Address: 4233 CLARK RD STE 20
City-St-Zip: SARASOTA, FL 34233

Title: VP
Name: SHAEFFER, CHRISTOPHER R
Address: 4233 CLARK RD STE 20
City-St-Zip: SARASOTA, FL 34233

Title: TAS
Name: SHAEFFER, RYAN J
Address: 4233 CLARK RD STE 20
City-St-Zip: SARASOTA, FL 34233

Title: VP
Name: SHAEFFER, MATTHEW W
Address: 4233 CLARK RD STE 20
City-St-Zip: SARASOTA, FL 34233

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MEGAN E. SHAEFFER

CEOS

01/03/2011

Electronic Signature of Signing Officer or Director

Date