	I UNIFORM BUSII MENT # V56774	NESS REPOR	RT (UBR)				8	
1. Entity Name TRI MEDIX MANAGEMENT, INC.				FILED			,	
Principal Place of Business 20255 WEST OAK HAVEN CIRCLE NO MIAMI BCH FL 33179 US		Mailing Address 20255 WEST OAK HAVEN CIRCLE NO MIAMI BCH FL 33179 US		O1 JAN 25 AM II: 24  SECRETARY OF STATE TALLAHASSEE, FLORIDA			/   <b>               </b>	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TI	HIS SPACE		
City & State		City & State		4. FEI Numbe	er 65-0415995		plied For t Applicable	
Zip	Country .	Zip	Country		of Status Desired	\$8.75 Add Fee Required	litional d	
g. 44 <del>040</del>	6.: Name and Address of Current Re	egistered Agent -	Name	7. Name and	Address of New Register	red Agent		
WOLFE, RICHARD C. 1031 NORTH MIAMI BEACH BLVD. NORTH MIAMI BEACH FL 33162				Street Address (P.O. Box Number is Not Acceptable)				
			Citý		<u> </u>	FL Zip Code	e e	
8. The above	named entity submits this statement for t	he purpose of changing its re	gistered office or regis	tered agent, or bo	th, in the State of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent and	I title if applicable. (NOTE: R	egistered Agent signature requ	ired when reinstating)	D/	ATE		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)		FEE IS \$150.00 Fee will be \$550.00 to Department of S	tate Tru	ection Campaign Financing ust Fund Contribution.	☐ Added	May Be I to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PTV WEINREB, MICHAEL P. 2584 N.E. MIAMI GRDNS DR NORTH MIAMI BCH FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	CHANGES TO OFFICERS  1000363  -02/05/01  ****150	□ Change 3 <b>4279</b> 01032	Addition S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEINREB, MICHAEL P. 2584 N.E. MIAMI GRDNS DR NORTH MIAMI BCH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	.·IF		☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 1907		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ġ 6	178	☐ Change	☐ Addition	
	certify that the information supplied with the on this report or supplemental report is to reportation or the receiver or trusted empty, or on an attachment with an address, with an address, with an address.							
SIGNAT	TURE: SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER OF	DIRECTOR	<i>{}</i> }	<u>m/</u>	Daytime Phone #		