



**MINNESOTA**  
DEPARTMENT OF  
**COMMERCE**



85 7th Place East, Suite 500  
St. Paul, Minnesota 55101-3165  
www.commerce.state.mn.us  
651.296.4026 FAX 651.297.1959  
An equal opportunity employer

May 21, 2010

SCOTT P WEBER  
PHELPS DUNBAR LLP  
100 S. ASHLEY DRIVE, SUITE 1900  
TAMPA, FL 33602

Re: F-6279  
QMEDEX LLC  
QMEDEX F/A

Dear Mr. Weber:

The Annual Report has been reviewed and is in compliance with Minnesota Statute Chapter 80C and Minnesota Rules Chapter 2860.

This means that there continues to be an effective registration statement on file and that the franchisor may offer and sell the above-referenced franchise in Minnesota.

The franchisor is not required to escrow franchise fees, post a Franchise Surety Bond or defer receipt of franchise fees during this registration period.

As a reminder, the next annual report is due within 120 days after the franchisor's fiscal year end, which is December 31, 2010.

Sincerely,

GLENN WILSON  
Commissioner

By:

Daniel Sexton  
Commerce Analyst Supervisor  
Registration Division  
(651) 296-4520

GW:DES:dlw

F-6279

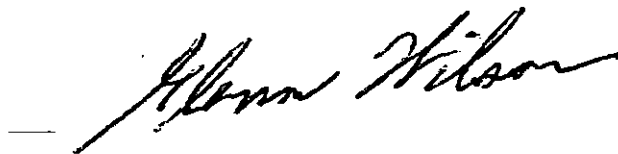
STATE OF MINNESOTA  
DEPARTMENT OF COMMERCE  
REGISTRATION DIVISION  
(651) 296-2211

IN THE MATTER OF THE REGISTRATION OF:  
QMEDEX F/A  
By QMEDEX LLC

ORDER AMENDING  
REGISTRATION

WHEREAS, an application to amend the registration and amendment fee have been filed,

IT IS HEREBY ORDERED that the registration dated October 20, 2009, is amended as of the date set forth below.



GLENN WILSON  
Commissioner  
Department of Commerce  
85 7th Place East, Suite 500  
St Paul, MN 55101

Date: May 21, 2010

UNIFORM FRANCHISE REGISTRATION APPLICATION



4

File No. F-6279

(Insert file number of immediately preceding filing of Applicant)

State: Minnesota

Fee: \$300

APPLICATION FOR (Check only one)

REGISTRATION OF AN OFFER OR SALE OF FRANCHISES

REGISTRATION RENEWAL STATEMENT

POST-EFFECTIVE AMENDMENT NUMBER      TO APPLICATION

PRE-EFFECTIVE AMENDMENT

State of Minnesota  
Dept. of Commerce  
MAY 20 2010  
Rec'd \$ 300

1. Name of Franchisor: **QMEDEX, LLC**
2. Name under which the Franchisor is doing or intends to do business: **QMEDEX**
3. Franchisor's principal business address: **630 N. Wymore Road, Suite 370, Maitland, Florida**
4. Name and address of Franchisor's agent in the State of Minnesota authorized to receive service of process:

**Minnesota Franchise Division, Department of Commerce  
85 7<sup>th</sup> Place, Suite 500  
St. Paul, Minnesota 55101-3165**

5. The states in which this application is or will shortly be on file: **Hawaii, Maryland, Rhode Island, Virginia, New York, Wisconsin, California, Illinois, Indiana, Minnesota, North Dakota, South Dakota, Washington.**

*5-21-10*

*A/R Amud*

*12/31*

*10-20-09*

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