

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005138

Entity Name: MEDCHECK, INC

FILED
Aug 18, 2006
Secretary of State

Current Principal Place of Business:

3450 LAKESIDE DR., STE. 610
MIRAMAR, FL 33027

New Principal Place of Business:

2010 MAIN ST, #600
IRVINE, CA 92614

Current Mailing Address:

2010 MAIN ST., STE. 600
IRVINE, CA 92614

New Mailing Address:

FEI Number: 41-1696781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DCOB () Delete
Name: CLEMONS, V. GORDON
Address: 3450 LAKESIDE DR., STE. 610
City-St-Zip: MIRAMAR, FL 33027

Title: CEOP () Delete
Name: CLEMONS, V. GORDON
Address: 3450 LAKESIDE DR., STE. 610
City-St-Zip: MIRAMAR, FL 33027

Title: DVP () Delete
Name: DONNELLY, MICHAEL
Address: 3450 LAKESIDE DR., STE. 610
City-St-Zip: MIRAMAR, FL 33027

Title: DST () Delete
Name: SCHWEPPE, RICHARD J
Address: 3450 LAKESIDE DR., STE. 610
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCOB (X) Change () Addition
Name: CLEMONS, V. GORDON
Address: 2010 MAIN ST, #600
City-St-Zip: IRVINE, CA 92614

Title: CEOP (X) Change () Addition
Name: CLEMONS, V. GORDON
Address: 2010 MAIN ST, #600
City-St-Zip: IRVINE, CA 92614

Title: DVP (X) Change () Addition
Name: DONNELLY, MICHAEL
Address: 3001 NE BROADWAY#600
City-St-Zip: MINNEAPOLIS, MN 55413

Title: DST (X) Change () Addition
Name: SCHWEPPE, RICHARD J
Address: 2010 MAIN ST, #600
City-St-Zip: IRVINE, CA 92614

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD SCHWEPPE

TREA

08/18/2006

Electronic Signature of Signing Officer or Director

Date