


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M52247</b>	
1. Entity Name MEDCO OF FLORIDA, INC.	

Principal Place of Business 3010 PHOEBE LANE DELRAY BEACH, FL 33444 US	Mailing Address 3010 PHOEBE LANE DELRAY BEACH, FL 33444 US
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01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2826278	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

BLOCKER, KATHLEEN A.  
3010 PHOEBE LANE  
DELRAY BEACH, FL 33444

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	PTS BLOCKER, KATHLEEN A. 3010 PHOEBE LANE DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLOCKER, KATHLEEN A. 3010 PHOEBE LANE DELRAY BEACH, FL
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U00000530136  
05/05/06-80102-024 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Kathleen A. Blocker KATHLEEN A. BLOCKER 04/03/06 561-279-8714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #