2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 357134

1. Entity Name
MED-COM INC

Principal Place of Business	Mailing Address
ATTN: JOHN KIRBY	ATTN: JOHN KIRBY
2500 SW 75TH AVE	2500 SW 75TH AVE.
MIAMI, FL 33155-2805 US	MIAMI FLA, 33155 US

DO NOT WRITE IN THIS SPACE

01052006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1320238	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KIRBY, JOHN
2500 SW 75TH AVE.
MIAMI, FL 33155

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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	000000473559 04/10/06-80008-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PDV	
NAME	URLICH, SYLVIA	
STREET ADDRESS	235 SOLANO PRADO	
CITY-ST-ZIP	CORAL GABLES, FL 0,	
TITLE	ST	
NAME	URLICH, SYLVIA	
STREET ADDRESS	235 SOLANO PRADO	
CITY-ST-ZIP	CORAL GABLES, FL 0,	
TITLE		
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: _____ Sylvia Urlich   3/10/06   305 264-5252

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