

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 625893

1. Entity Name
MEDCOMP, INC.

Principal Place of Business
**3501 S. UNIVERSITY DRIVE, SUITE #6
FT LAUDERDALE FL 33328**

Mailing Address
**3501 S. UNIVERSITY DRIVE, SUITE #6
FT LAUDERDALE FL 33328**

2. Principal Place of Business

3. Mailing Address
**c/o Ivan A. Gomez
601 Brickell Key Dr.
Suite, Apt. #, etc.
507**

Suite, Apt. #, etc.

City & State

City & State
Miami, Florida

Zip

Country

Zip

Country

33131

USA

6. Name and Address of Current Registered Agent

4. FEI Number **59-1921770**

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

**QUITTNER, MARVIN, ATTY. AT LAW, P.A.
4330 WEST BROWARD BLVD., SUITE C
PLANTATION FL 33317**

Name
IAG CORPORATE SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable)
**COURVOISIER CENTRE II
601 BRICKELL KEY DRIVE, SUITE 507
City MIAMI FL Zip Code 33131-2623**

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.

IAG CORPORATE SERVICES, INC.

SIGNATURE By: *Ivan A. Gomez*
Signature, typed or printed name of Registered agent and title if applicable.
IVAN A. GOMEZ, President

(NOTE: Registered Agent signature required when reinstating)

DATE **4/2/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **HOWARD, JAMES M.**
STREET ADDRESS **3501 S UNIVERSITY DR #6**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **STD** ☐ Delete
NAME **HOWARD, NANCY C**
STREET ADDRESS **3501 S UNIVERSITY DR #6**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy C Howard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/5/01** (954) 370 0551
Daytime Phone #

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90032 021 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)