


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90024 007 \*\*\*150.00

<b>DOCUMENT # 625893</b>	
1. Entity Name <b>MEDCOMP, INC.</b>	

Principal Place of Business <b>3501 S. UNIVERSITY DRIVE, SUITE #6 FT LAUDERDALE, FL 33328</b>	Mailing Address <b>C/O IVAN A. GOMEZ 601 BRICKELL KEY DR., 507 MIAMI, FL 33131</b>
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**40032494**



2. Principal Place of Business <b>3501 S UNIVERSITY DR</b>	3. Mailing Address <b>3501 S UNIVERSITY DR</b>
Suite, Apt. #, etc. <b>STE 9</b>	Suite, Apt. #, etc. <b>STE 9</b>
City & State <b>FT LAUDERDALE FL</b>	City & State <b>FT LAUDERDALE FL</b>
Zip <b>33328</b>	Country

02202005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1921770</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>TAG CORPORATE SERVICES, INC. 601 BRICKELL KEY DR. STE 507 MIAMI, FL 33131</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  3/11/05 954370-0551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone