


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 27, 2008 08:00 AM  
Secretary of State

DOCUMENT # F00000007211 1. Entity Name MEDICOMP, INC.	
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Principal Place of Business 7845 ELLIS ROAD MELBOURNE, FL 32904 US	Mailing Address 7845 ELLIS ROAD MELBOURNE, FL 32904 US
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01222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-2283535	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2008 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	DC ROTHBLATT, MARTINE 1110 SPRING STREET SILVER SPRING, MD 20910
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATUSKY, CHRISTOPHER 1110 SPRING STREET SILVER SPRING, MD 20910
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALDA, DANIEL 7845 ELLIS ROAD MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERRARI, JOHN 1110 SPRING STREET SILVER SPRING, MD 20910
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAHON, PAUL 1110 SPRING STREET SILVER SPRING, MD 20910
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/08

321-676-0010