

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007211

Entity Name: MEDICOMP, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

7845 ELLIS ROAD
MELBOURNE, FL 32904 US

New Principal Place of Business:

Current Mailing Address:

7845 ELLIS ROAD
MELBOURNE, FL 32904 US

New Mailing Address:

FEI Number: 52-2283535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: ROTHBLATT, MARTINE
Address: 1110 SPRING STREET
City-St-Zip: SILVER SPRING, MD 20910 US

Title: D () Delete
Name: PATUSKY, CHRISTOPHER
Address: 1110 SPRING STREET
City-St-Zip: SILVER SPRING, MD 20910 US

Title: P () Delete
Name: BALDA, DANIEL
Address: 7845 ELLIS ROAD
City-St-Zip: MELBOURNE, FL 32904 US

Title: T () Delete
Name: FERRARI, JOHN
Address: 1110 SPRING STREET
City-St-Zip: SILVER SPRING, MD 20910 US

Title: S () Delete
Name: MAHON, PAUL
Address: 1110 SPRING STREET
City-St-Zip: SILVER SPRING, MD 20910 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL BALDA

P

01/19/2009

Electronic Signature of Signing Officer or Director

Date