


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90034 030 ***158.75

DOCUMENT # F04000004597		
1. Entity Name MARATHON MEDICAL CORPORATION		

Principal Place of Business 1850 N.W. 84TH AVENUE, #110 MIAMI, FL 33126	Mailing Address 1850 N.W. 84TH AVENUE, #110 MIAMI, FL 33126
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2. Principal Place of Business 250 BIRD ROAD	3. Mailing Address 250 BIRD ROAD
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Coral Gables FL	City & State CORAL GABLES FL
Zip 33146	Country USA

00010030



02142006 Chg-P CR2E034 (11/05)

4. FEI Number 08-0000563	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional "Fee Required"
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6. Name and Address of Current Registered Agent FIGUERAS, VIVIAN T 11030 N. KENDALL DRIVE, SUITE 200 MIAMI, FL 33176	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ST. LEGER, JOHN F 15725 DALLAS ST BRIGHTON, CO 80602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ST. LEGER, LYN 15725 DALLAS ST BRIGHTON, CO 80602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **2/14/06** **(303) 339-4305**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #