
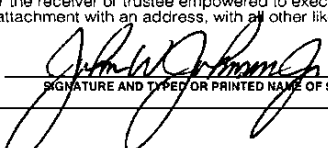


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2005 SEP 20 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005976						
1. Entity Name MED ONE CAPITAL, INC.						
Principal Place of Business 6965 UNION PARK CENTER STE 400 MIDVALE, UT 84047 US			Mailing Address 6965 UNION PARK CENTER STE 400 MIDVALE, UT 84047 US			
2. Principal Place of Business		3. Mailing Address P.O. Box 708278				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State Sandy, UT		4. FEI Number 87-0502004		
Zip		Country		Zip 84070		
Country		Country S.L.		Applied For Not Applicable		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent			
Name			Name			
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)			
City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P	NAME STEVENS, LARRY R		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6965 UNION PARK CENTER STE 400	CITY-ST-ZIP MIDVALE, UT 84047			NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP	CITY-ST-ZIP	
TITLE VP	NAME JOHNSON JR, JOHN W		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6965 UNION PARK CENTER STE 400	CITY-ST-ZIP MIDVALE, UT 84047			NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP	CITY-ST-ZIP	
TITLE VP	NAME ALLEN, BRENT H		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6965 UNION PARK CENTER STE 400	CITY-ST-ZIP MIDVALE, UT 84047			NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP			NAME	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP	CITY-ST-ZIP	
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: 				8/31/05		800-248-5882
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>