2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# J48083

Entity Name: MED QUICK, INC.

Current Principal Place of Business:

6120 US 27 NORTH
SEBRING, FL 33870 US

New Principal Place of Business:

6360 US 27 NORTH
SEBRING, FL 33870 US

Current Mailing Address:

4343 N SUN LAKE BLVD.
SUITE A
SEBRING, FL 33872 US

New Mailing Address:

6360 US 27 NORTH
SEBRING, FL 33870 US

FEI Number: 59-2853642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOSA, COLLEEN DUNCAN
685 LAKE LOTELA DRIVE
AVON PARK, FL 33825 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: PT ( ) Delete
Name: LOSA, COLLEEN DUNCAN
Address: 685 LAKE LOTELA DRIVE
City-St-Zip: AVON PARK, FL 33825

Title: S ( ) Delete
Name: DUNCAN, ROBERT E
Address: 1707 DIVOT LANE
City-St-Zip: SEBRING, FL 33872

Title: V ( ) Delete
Name: LAMARRE, DANIEL J
Address: 3524 BRISTOL STREET
City-St-Zip: SEBRING, FL 33872

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: COLLEEN DUNCAN LOSA P 04/22/2005
Electronic Signature of Signing Officer or Director Date