


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90433 008 \*\*\*\*50.00

<b>DOCUMENT # L04000014832</b>	
1. Entity Name <b>MEDCON, LLC</b>	

Principal Place of Business <b>1241 GULF OF MEXICO DR. UNIT 502 LONG BOAT KEY FL 34228</b>	Mailing Address <b>1241 GULF OF MEXICO DR. UNIT 502 LONG BOAT KEY FL 34228</b>
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2. Principal Place of Business <b>35 Watergate Dr. Unit 801 Sarasota, FL 34236</b>	3. Mailing Address <b>35 Watergate Dr. Unit 801 Sarasota, FL 34236</b>
Suite, Apt. #, etc. <b>Unit 801</b>	Suite, Apt. #, etc. <b>Unit 801</b>
City & State <b>Sarasota, FL</b>	City & State <b>Sarasota, FL</b>
Zip <b>34236</b>	Country <b>SARASOTA</b>

1st MOORE CR2E083 (10/05)

4. FEI Number <b>20-0794160</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PURPORA, ALBERTA 1241 GULF OF MEXICO DR. UNIT 502 LONG BOAT KEY FL 34228</b>	
7. Name and Address of New Registered Agent Name <b>PURPORA, ALBERTA</b> Street Address (P.O. Box Number is Not Acceptable) <b>35 Watergate Drive Unit 801</b> City <b>Sarasota</b> FL <b>34236</b>	

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 retitling) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PURPORA, ALBERTA 1241 GULF OF MEXICO DR. UNIT 502 LONG BOAT KEY FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBERTA PURPORA 35 Watergate Dr Unit 801 SARASOTA, FL 34236 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Alberta Purpora Alberta Purpora 2-17-2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #