

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000074813

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: INTERNATIONAL MEDICAL CONNECTION, INC.

## Current Principal Place of Business:

3501-312 DEL PRADO BLVD.  
CAPE CORAL, FL 33904

## New Principal Place of Business:

3501-211 DEL PRADO BLVD.  
CAPE CORAL, FL 33904

## Current Mailing Address:

3501-312 DEL PRADO BLVD.  
CAPE CORAL, FL 33904

## New Mailing Address:

3501-211 DEL PRADO BLVD.  
CAPE CORAL, FL 33904

FEI Number: 65-1050653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LARROW, PAUL L  
3501-312 DEL PRADO BLVD.  
CAPE CORAL, FL 33904 US

## Name and Address of New Registered Agent:

MOORE, LORI L  
3501-211 DEL PRADO BLVD.  
CAPE CORAL, FL 33904 US

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: LORI MOORE

03/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: MEISER, D.M.F.  
Address: WALDSTRASSE 42  
City-St-Zip: BERLIN 12625 GERMANY,

Title: S (X) Delete  
Name: LARROW, PAUL L  
Address: 3501-312 DEL PRADO BLVD.  
City-St-Zip: CAPE CORAL, FL 33904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LORI MOORE

RA

03/10/2009

Electronic Signature of Signing Officer or Director

Date