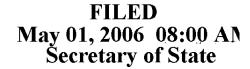
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P00000086856

1. Entity Name MEDPORT, INC.

Principal Place of Business Mailing Address

4400 NORTH FEDERAL HWY
49 CORAL GABLES, FL 33134
80CA RATON, FL 33487





## DO NOT WRITE IN THIS SPACE

04192006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1038701 Applied For
Not Applied For
Not Applied For
Not Applied For
Required

5. Certificate of Status Desired
Fee Required

6. Name and Address of Current Registered Agent

CEBALLOS, HAYDEE 354 SEVILLA AVENUE CORAL GABLES, FL 33134

## DO NOT WRITE IN THIS SPACE

|   |  |  |                 | 114                            | INIS SPACE   |
|---|--|--|-----------------|--------------------------------|--|
|   | named entity submits this statement for the pions of registered agent.   | urpose of changing its registere                     | d office or re  | egistered agent, or bo         | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE_  | Signature, typed or printed name of registered agent and title it        | applicable (NOTE Registered                          | Agent signature | required when reinstating)     | DATE   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00 |  | Election Campaign Finan     Trust Fund Contribution. | cing            | \$5.00 May Be<br>Added to Fees |  |
| 10.   | OFFICERS AND DIREC   | TORS   |                 |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | DS<br>VASQUEZ, JOSE L<br>4400 NORTH FEDERAL HWY<br>BOCA RATON, FL 33487  |  |                 |                                | H00000556304<br>05/17/06-80005-006 150.00                    |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP                                 | DP<br>VASQUEZ, LILIANA<br>4400 NORTH FEDERAL HWY<br>BOCA RATON, FL 33487 |  |                 |                                | D2\11\0000000000000000000000000000000000                     |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP                             |  |  |                 | DO                             | NOT WRITE  |
| NAME STREET ADDRESS CITY-ST-ZIP                                       |  |  |                 | IN '                           | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                 |  |  |                 |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  |  |                 |                                |  |

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 COM SOURCE Y/26/06

SIGNATURE AND TYPED OR PRINTED RAME OF SIGNING CHECK OR DIRECTOR PROJECT Date Daylime Phone #